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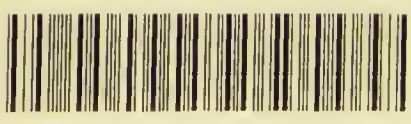
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P R A C T I C A L
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O N T H E
N A T U R A L H I S T O R Y A N D C U R E
O F T H E
V E N E R E A L D I S E A S E .

ERRATA. to VOL. I.

P. 5. note, l. 27. for *Gonorrhæa* read *Gonorrhæam*. p. 20. l. 12. for *will* read *may*. p. 21. l. 2. dele *that*. p. 24. l. 7. note, dele *the*. p. 26. l. 4. for *in* read *or*. p. 36. l. 24. for *disposition* read *deposition*. p. 45. l. 2. for *symptoma* read *symptomata*. p. 53. l. 10. after *doe's* add *not*. p. 54. l. 4. for *curiam* read *cariam*. l. 22. for *solas* read *solum*. p. 69. l. . for *crusta* read *crista*. p. 79. l. 4. d. s. l. 6. dele *b*. p. 97. l. 16. add *and*. l. 18. ad s. p. 108. l. 13. ad. *for*. p. 110. l. 10. d. s. p. 125. for *distinguish* read *extinguish*. p. 126. for *marked* read *masked*. p. 145. for *center* read *centre*. p. 155. l. 13. for *cure* read *cause*. p. 218. for *irratibility* read *irritability*. p. 231. after *both* ad. *sexes*. p. 258. last line ad. s.

P R A C T I C A L
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O N T H E
N A T U R A L H I S T O R Y A N D C U R E
O F T H E
V E N E R E A L D I S E A S E .

I N T H R E E V O L U M E S .

V O L . I .



By JOHN HOWARD, SURGEON.

L O N D O N :

PRINTED FOR R. BALDWIN, AND T. LONGMAN, PATER-
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T O.

PERCIVAL POTT, Esq.

DEAR SIR,

HAD I lived in a distant country, with the pleasure of knowing you, only by the numerous, and valuable observations with which you have enriched our art, I should, even then, have been desirous of affixing your name to my work. But I have a nearer and more forcible tie—When yet
rude

DEDICATION.

rude in the affair of surgery, your fostering hand supported me, your precepts instructed me, and your example, animated me.

An intercourse of many years, cemented into friendship, what was, originally on your part, an act of benevolence. After having closely attended to your public practice in a great hospital, I became, and continued for years, your confidential assistant, in as large a share of important, general business, as has ever fallen to the lot of one man. This was no common opportunity of acquiring information. From the great
number

DEDICATION.

number of cases, which came under my inspection when acting under you, I gained not only much general knowledge; but most of the facts, and reflections contained in the following pages, occurred to me during that period.

My obligations to you, sir, are therefore many ; and indeed more, than can possibly be repaid by any thing I can say, or any dedication I can offer.

I can only express a sincere wish, that you may long continue
to

DEDICATION.

to adorn and improve that profession, to the perfection of which you have so very largely contributed. I am,

DEAR SIR,

With the greatest Respect,

Your most obedient,

And obliged

Humble Servant,

ARGYLE STREET,
May 10, 1787.

JOHN HOWARD.

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P R E F A C E.

TO call the attention of the medical student to some useful practical truths, and to caution him against mistaking a false, for a real light, were the principal motives which induced me, in 1782, to publish a small tract on the medical properties of mercury. Encouraged by the opinion, which some respectable practitioners have been pleased to give of that work, and reflecting, that the evils I there wished to remedy are not yet removed, I have been induced to revise and enlarge my former observations. And that I may now be more clearly understood, the subjects are divided, under two general heads. The one, comprehends some remarks on the natural history of the venereal disease, including the

Gonorrhœa ; the other, the curative part, in which, to the contents of the above tract, some additional observations will be offered on the application of mercury to each particular symptom ; and I shall endeavour to explain, in as concise a manner as I am able, what have appeared to me, the best methods of treating the Gonorrhœa. The present volume contains all I have to say on the pathology of the venereal disease, and the following, will contain all I know at present, of the best established means of curing it.

Having been long in the habit of noting the symptoms of the disease, and the circumstances of most consequence in the operation of the remedies ; and having thereby acquired a number of facts ; it was my intention to have published them together some years ago. But business, and other circumstances intervening, I contented myself with publishing some general observations on the antivenereal power

power of mercury. Since which, additions have been occasionally made, both to the pathological and therapeutic parts. For many years of my life, I was fully engaged in practice, and, though accustomed to draw information principally from that source, I had too great a respect for the names of Sydenham, Boerhaave, and Astruc, to neglect their masterly productions. Men, who, besides the advantages flowing from very extensive practice, possessed the no less material requisites of great natural sagacity, unwearied industry, and deep erudition.—Upon consulting them, I found, as every man who unites reading with practice will find, that they had anticipated me in some very important points. At this I was at first surpris'd, 'till reflection shewed me, that even these consummate practitioners, excellent as their writings undoubtedly are, could not have been self-taught: For they must have collected knowledge from the practice of the times in which they

a 2

lived,

lived, as well as from those, who had gone before them in the same walk of science. From the one, they probably derived their first ideas of the disease, and its several remedies, which experience daily improved: and from the other, they obtained, not only a confirmation of their own particular observations, but the means of extending them. And it was no disparagement to the great and uncommon abilities of these men, to suppose, what every impartial critic will readily allow, that, with respect to many of their facts, they also were anticipated.—Being unwilling to trust to my own opinion as to this matter; having procured the Venetian collection of early writers, compiled originally by Aloysius Luifinus in 1568, I examined many parts of that voluminous work with attention, and found no small degree of pleasure in contemplating those venerable remains, which the laudable benevolence of this man has carefully preserved from oblivion.

vion. From some of these writers, many of the boasted discoveries of the past and present day may clearly be traced. From them I had the satisfaction of obtaining proofs, to illustrate and confirm many of my facts, before taken from practice ; and from them have also learned, that the disease has, with but few exceptions, maintained the same natural appearance, from its first rise to the present time ; and that all those, who have, under similar circumstances, faithfully delineated the objects that offered, have constantly presented the same likenesses.

If any one should doubt, whether these remarks on the early writers are just, let him reflect, that the age in which they lived was remarkable, for the greatest exertions of the human mind, not only in this, but in every part of science. To say nothing of other literary productions of that æra—A new disease, singular in its appearance, and destructive in its consequences,

quences, could not fail of exciting, in all practitioners, the most active industry.

To that, besides the most complete natural history of the disease extant, we owe, among other things, our present knowledge of *the facts*;—that frictions would cure, by affecting the mouth; and that the crude mineral, when extinguished and taken internally, would have a similar good effect. To the same industry must also be attributed the circumstance, that the vapour of mercury, when detached from sulphur by heat; and in that form, applied to the mouth and denuded body, would cure. From them, we derived the use of *Mercur. corrosiv. R. & Mercur. corrosiv. sublimat.* as topics; and to them, are we indebted for all we, at present, know of the properties of Sarsaparilla, China, and Guaiacum. If the great * Boerhaave (and very few have understood the disease better) could, after 35 years practice, meet with circumstances which did

* See his excellent preface to the Aphrodisiac.

not yield to the usual remedies, and, at a late period of his life, apply to the *above-mentioned Writers*; let *no modern* estimate *Their Acquirements* lightly.

The compilation to which I allude contains the observations of more than fifty writers, who flourished in different countries, and at different periods of time, between 1498 and 1567. In them the medical student will find original matter; as far as works, copied from nature, can be said to be so. He will, in their writings, meet with real discoveries, which succeeding times have adopted, because they were eminently useful. The experience of more than two centuries has, indeed, established and enlarged them. But, to do these practitioners justice, if we consider, merely, their observations on the natural history of the venereal disease, and methods of cure, it may truly be said, that the subsequent writers have rather embellished the old, than formed,
 a new

a new edifice. So little have they added to what was before constructed by these men!

In saying this I do not mean to depreciate the labours of the moderns. But whoever will compare the works of the latter with those of the first writers, will be induced to wonder how it has happened, that, possessed as they have been of the great mass of information left by their predecessors, we should be still in doubt as to many circumstances in the natural history of the disease and operation of the remedies. It is not, however, by any means my intention to attempt to raise the reputation of the early, at the expence of the subsequent writers; nor do I wish to recommend the student to unqualified reading, before he has gained, from actual experience, judgment enough, to distinguish the good from the bad; the pure metal from the dross, with which he will
some-

sometimes find it united. But he may be assured, that he will neither know his own acquirements, nor be able to judge candidly of the works of others, till he has carefully examined the *ancient records*, as well as *modern accounts* of the disease. Highly as all practical knowledge ought to be valued, it must be confessed, that a man may learn a great deal by a just comparison of his own, with the observations of those who have been placed in similar circumstances with himself; who may, perhaps, have been endued with greater abilities, superior industry, and have had much greater opportunities of information. Nor should any man carry his predilection for his own notions so far, as to imagine that the small contracted span of his life, how actively soever it may have been employed, can outweigh the productions of near three complete centuries, and the united labours of a prodigious number of intelligent practitioners. I say prodigious;

geous; for not to mention the multitude of facts which have been irrecoverably lost to the world, more has been written on *these*, than on any other medical subjects whatever.

In short, *they* have been so frequently handled, and so generally understood in every age, from the beginning of the 16th century, that no man can, in this branch of knowledge, now lay any just claim to originality. They have been long too well explored, to render the discovery of a new hemisphere possible: And whoever travels this way, must expect to view seas and countries which have been very frequently traversed and viewed by others. If a writer wishes to convey what he may suppose to be his own ideas, he will be often, unavoidably, led to describe appearances, with which many of his predecessors were familiarly acquainted, and which many of his cotemporaries who have been well versed in venereal business, must also know.

know. And this naturally leads me to lament, that some very respectable writers of the present time, have not paid as much attention to this, as to what has, rather falsely than truly, been called the more noble parts of medicine. If the extensive influence of a disease, and its too often destructive consequences, can make one subject of enquiry more interesting to humanity than another, it is surely this!

The natural history of the venereal disease, and the action of the specific in its cure, certainly form a very extensive part of medicine; but if we consider the matter in another point of view, it will appear still more important. The specific is capable, from its medicinal properties of being of the greatest service to mankind in many other diseases; and, perhaps, there can be no better clue to the discovery of these properties, than its operation in venereal cases.

Having traced to the fountain head, the best and least exceptionable practice in the *Lues Venerea*, as at present established; I must add that the facts contained in this and the subsequent volumes are of two kinds; general and particular. To all intelligent medical men, the former will be well known; and I flatter myself, how much soever it may have been of late the fashion to disguise the old, in order to amuse the world with new doctrines, that these will still stand their ground; and keep that rank with the best practitioners which they have uniformly maintained from the days of Berengarius Carpus to the present hour. With respect to the latter, I can only say, they have been faithfully taken from cases actually seen and attended, and are submitted to the public, under the firm belief, that, facts of this sort cannot be too well authenticated, or too numerous.

OBSERVATIONS, &c.

TOWARDS the close of the memorable fifteenth century, about the year 1494 or 1495, the inhabitants of Europe were greatly alarmed by the sudden appearance of the Lues Venerea. The novelty of its symptoms, and the wonderful rapidity with which it was propagated throughout every part of the then known world, soon made it an important object of medical enquiry. Since which time there have been, perhaps, more volumes written on this, than on any other subject whatever. And notwithstanding the laborious exertions of a great number of very ingenious men, from the time of its breaking out to the present day; many very interesting parts of its natural history are still involved in much doubt and uncertainty. Of the truth of which position,

the present remarks will afford some very striking proofs.

Marcellus Cumanus, Johannes de Vigo, and others of the early writers on the Lues Venerea have left us an admirable outline of its most remarkable symptoms: an outline which, so far as it goes, is indisputably correct, because it corresponds with the present features of the disease. The chancrous ulceration described by Marcellus*, and those still more particularly delineated by Vigo †, differ in no res-

* The disease as it appeared in 1494 is thus described by Marcellus Cumanus.

“ I observed,” says he, “ many of the officers and
 “ foot soldiers in Milan, whilst I was in the camp
 “ at Navarre, to have several scabs or pustules breaking
 “ out on the face and spreading all over the rest of
 “ their bodies. The first of which appeared usually
 “ under the præputium, or on the outside like a grain
 “ of millet, sometimes behind the glans, with a small
 “ itching: at other times a single pustule would arise
 “ like a little bladder, without much pain, but itch-
 “ ing also: if rubbed or scratched there arose an ulcer,
 “ corrosive and smarting like the sting of an ant, &c.”
 Vide Astruc, vol. 2, page 226. Translated by Doctor
 Barrowby.

† Vigo, speaking of the Disease, says, “ Ejus origo
 “ in partibus genitalibus viz. in vulva in mulieribus
 “ et

pect from the same symptoms as they appear at this day. And from their testimony it is evident that the disease was propagated from the beginning as it now is, by what they called, with great propriety, a *pustule*: we, a chancre. This then is the great primordium, or first symptom. If we may credit Antonius Musa Brasavolus, and Fallopius, the gonorrhœa virulenta vera, which subsequent writers have also called a primary symptom, was not known for a period of more than thirty years from the breaking out of the disease at the siege of Naples; and the total silence of the early practitioners, as to that train of symptoms which go under this general name, gives considerable weight to what they have advanced. Vigo (in his tract De morbo gallico) does not mention it, nor any one of its very remarkable symptoms. This

“ et in virga in hominibus semper ferè fuit cum pustulis parvis, interdum lividi coloris, aliquando nigri, nonnumquam subalbidi cum callositate eas circumdante.”

writer conceived the design of compiling a general System of Surgery in 1503, he finished the first part of it, in which there is the above tract, in 1513, and added the second part, which is a kind of supplement to the original work, in 1517. The book having been thus amended, was published at Leyden in black letter, in 1518. This edition I am in possession of. The only trace I can find, in the whole work, of a disease bearing any resemblance to the gonorrhœa, is in parte secundâ, cap. de ægritudinibus virgæ. In this chapter mention is made of a complaint, which, he says, frequently occurred, and he calls it an ulceration and excoriation of the urinary canal, but it is not attributed to a syphilitic cause. In another part of his surgery he mentions the hernia humoralis, but considers it as an inflammation of the testis, without referring it to a gonorrhœa, and he classes it, with herniæ. It was many years after the coming out of this book that Antonius Musa Brasavolus*

* Vide Aphrodisiacus, vol. 1. edit. Venetiis, p. 564. This author, speaking of the different modifications

first described the gonorrhœa as a new modification of the old contagion, I mean

that the Lues Venerea had undergone, from the time of its appearance, says, “ At, a viginti annis citra, aliæ
 “ quædam species ortum habuere,” &c. after mentioning the alopecia ; the dentarola, or falling out of the teeth ; the unguium casus ; the amissio oculorum, or occhiarola, he adds, “ Quintus modus est gonorrhœa,
 “ nam gallicus affectus ex gonorrhœâ incipit, et
 “ postea pilorum defluvium sequitur, quandoque inci-
 “ pit a gonorrhœâ, et in gonorrhœam finit ;” and in another part of his works he says, “ Quandoque af-
 “ fectus hic Gallicus absque bubone, et absque ulceri-
 “ bus in præputio vel cole incipit. At gonorrhœa
 “ quædam incipit, quæ contingit ob pravam affec-
 “ tionem retentricem vim lædentem, et expultricem
 “ ad expellendum laceffentem, quæ materias per vias
 “ proprias transmittit, nec in inguinibus non colli-
 “ guntur, neque in pene : hoc vero profluvium diffi-
 “ culter sanatur, neque enim adstringi debet sed pur-
 “ gando potius curandum est. Hæc tamen non est
 “ vera gonorrhœa, id est, veri sanguinis defluxus,
 “ sed sunt pituitosæ materiæ, quandoque aliis mistæ
 “ acrioribus quæ pravâ qualitate gallicâ affectæ sunt.
 “ Et si quispiam hac detentus gonorrhœâ, cum sana
 “ muliere rem veneream habuerit, et ipsa in hunc
 “ maturiæ defluxum incidat, ut videatur ferè esse alter
 “ contagii modus : (quoniam in hac specie per con-
 “ tagium recipitur ut gonorrhœa . Gonorrhœa
 “ pariat, non autem panos vel bubones, neque in

that by chancre. Gab. Fallopius, who was a disciple to the latter, and a famous teacher of anatomy in the university of Pisa, from the year 1551 to the time of his death in 1563, confirms the testimony of his master, and says, “that the gonorrhœa was first known fifteen years before he wrote his book *De Morbo Gallico*.” I do not know the precise dates of these two works, and therefore

“ pene, vel præputio pustulas). Curatio fiat per purgationes superius enarratas, et si intentum hoc pacto minime assequeris, ad decoctum et ad inunctiones tibi deveniendum est. De verâ autem gonorrhœa seorsum agemus, et de hujus generis profluviiis tam in mulieribus quam in viris, nam multa sunt per penem profluvia quæ gonorrhœa vocantur, tamen verè gonorrhœa non sunt, imo sunt pituitosæ maturiæ quæ exeunt. Tamen cum plerumque contingat ut hujus maturiæ exitu hi urantur, propterea considerare oportet an sit bilis quæ exeat, an pituita falsa. Necessarium enim est esse materiem aliquam acrem, quem unctionem illam parit. Si sit bilis ex colore percipitur, si autem pituita et ea ex colore indicabitur.” After recommending an emollient astringent sedative injection, a liniment to the penis and parts adjacent, and an electuary; if these fail, he advises the decoct. guaici, and mercurial inunction.

cannot

cannot form any idea of the time when this disease appeared. In short, the æra of the Lues Venerea seems to be pretty well ascertained : But it is probable that a disease very similar to the gonorrhœa virulenta was known before that æra, and described by the old English writers, anterior to that period, under the name of the sickness of brenning or burning. But whether that was the gonorrhœa virulenta of the subsequent and modern authors remains still to be investigated. If the true gonorrhœa had really a syphilitic origin at the time the above writers have pointed out, (a fact which seems to depend entirely on the authority of the last named authors) might not the general introduction of mercury, which followed soon after the year 1518, have produced this new arrangement ? This almost total change of one set of symptoms into another ? Before the Lues Venerea appeared, the Arabians, and those who practised after them, had been for many centuries slightly acquainted with the properties of this medicine, and had applied it to the cure of some cutaneous

neous affections. The resemblance of venereal eruptions to these diseases is supposed to have given the hint of its anti-venereal power, and probably might have induced Berengarius Carpenfis to use it. But it is not certainly known to whom we were first indebted for this idea. It was employed in the Lues Venerea by this able practitioner very early in the sixteenth century, if not sooner; but its effects were not then generally understood. And it was to him, or his disciple Vigo, that we must attribute the promulgation of the very important fact, that this medicine would cure by making the mouth fore*.

* Vigo after giving a form of a mercurial liniment, compounded of mercury extinct. cum salivâ and mixed with other medicines, in praise of it he says;

“ Et utere, leniendo ad ignem cum palma manus
 “ prædicta loca desuper fasciando pannum calidum
 “ cum fasciâ. Nam ejus operatio mirabilis est. Et
 “ curat intra hebdomadâ haud dubie morbum Gal-
 “ licum cum omnibus ejus accidentibus, de quibus in
 “ antecedente capite mentio facta fuit; materiam an-
 “ tecedentem et facientem ulcera, dolores et tube-
 “ rositates, per os secessum, vel per multos sudores
 “ educendo. Vide practica in arte chirurgicâ copiosa.
 “ Johannis De Vigo Lib. 5. Anno 1518.

And

And it seems to have been principally from the great professional reputation of the former, and the writings of the latter, that it gained a name, and became afterwards general among regular medical practitioners.

Whether the true æra of the virulent Gonorrhœa was, as above stated; or whether the general introduction of mercury at the period now mentioned had any share in producing this singular modification of the disease (if such it is) I will not say. It must be confessed, that there is very little dependance to be placed on history, and still less on conjecture. But it is certain, that the general use of the specific for very near 300 years has produced much variation in the natural course of the Lues Venerea. It was probably mercury which first modified it, so as to give rise to a node in the form and manner we now see it. And I shall hereafter mention a case, in which a venereal eruption was repelled by the external application of a mercurial cerate, that had by accident raised a premature salivation; the immediate consequence of
 which

which was this affection of the periosteum. And it must be noted, that this symptom did not appear either before the eruption, or during its continuance on the surface of the body, though the pustules had been spread over that surface for many months. It was therefore produced by the imperfect operation of the medicine : and it appears from the early records of the disease, that Vigo, who was principally instrumental in bringing this medicine into general use, was also the first man who gave us a clear account of this symptom. That there were affections of the periosteum and bones, in the disease, before the use of mercury, is probable ; but I apprehend they had neither the appearance, nor the precise course of our common nodes.

The early writers did not, I believe, often meet with bubo, before the introduction of mercury. When a chancre becomes irritable, or discharges largely, one of the most certain means of producing a bubo, is to heal the ulceration suddenly by a topic ; whilst the system in general is stimulated by mercury : but when the chancre

cre

cre is suffered to heal gradually under that discharge, which naturally belongs to it, though the system should be at the same time stimulated, yet no such consequence will follow. The first practitioners, neither used mercury to the system, nor, generally speaking, topics to chancres: but they suffered them to take their own course, under a very cooling antiphlogistic regimen. And this will, in some measure, account for the silence of the most early writers, with regard to the symptom called a bubo. Vigo, who has also omitted to describe it, probably did not often meet with it. For though, to use his own words, he made a practice of killing the malignity of chancres with his red precipitate; and of mortifying them by that or other means, yet under the idea that the disease, when it had only this primary symptom, was local, he employed no mercury internally; his general means of relief consisted principally of evacuants and antiphlogistics. Under this kind of management, I believe, venereal matter would generally pass from a chancre through the lymphatic glands into
the

the system, without inflaming them; it would indeed, be followed by other symptoms of the Lues, as eruption, &c. But as these, upon their appearance, would take the lead, there could have been but seldom a suppuration in the groin, or bubo.

At this day, a moist venereal excrescence frequently arises between the glans and prepuce, particularly behind the corona glandis. The discharge from this excrescence, is, I believe, capable of communicating disease, and is probably the remains of a previous chancre or chancrous excoriation, imperfectly healed, by a topic; by the too partial operation of the specific on the system, or perhaps, by the concurrence of both these circumstances. When these two symptoms, chancre and chancrous excoriation, are suffered to go on in their own natural course, they would, no doubt, spread and do considerable injury to all the surrounding parts. There would be a deep, or widely spreading ulceration, but no appearance that could be properly called verrucous. To produce this, there must be the application of the causes above assigned,
and

and though the symptom now mentioned, is an univocal mark of disease, yet is it probably one of the many symptoms which have been modified, by art.

From the foregoing instances, it is extremely evident, that in an attempt to give the natural history of the Lues Venerea, it is not only necessary to point out the progress of nature, in the formation of the symptoms, and the precise order in which they occur; but to shew how far this arrangement may be altered from its true course, by the use of the means employed to effect a cure. There is, perhaps, no disease in which this distinction is more worthy of attention. Because a very slight operation from the specific is capable of weakening what it is not allowed to cure; of procrastinating what it does not wholly prevent; and of producing great variation in symptoms, which would otherwise be, most frequently, regular and uniform. And this renders it extremely difficult, I had almost said, impossible, to collect from practice alone, a perfect history of the disease, as it would proceed naturally, when
it

it is not under the controul of art. For where shall we find a man supinely suffering all the different gradations of symptoms, from chancre to affections of the periofteum and bones, without an attempt to lessen his miseries by mercury? such an instance is scarcely to be found.

It was said, by the great Sydenham, that he who thoroughly understood the natural history of a disease, would seldom be at a loss as to the proper method of treating it. This observation will certainly apply to many diseases: but no previous acquaintance with the natural history of the Lues Venerea, could ever have led a practitioner to employ mercury in its cure, if it had not been previously known, that this medicine would cure some cutaneous affections, to which the Lues Venerea bore a distant resemblance. But, as time and reiterated experience have, for many ages established the reputation of the specific, and as the operation of that specific is pretty well understood, a thorough knowledge of the disease, to which it has been so long successfully applied, is of the utmost importance:

portance: because it is principally on that, that a regular and judicious method of practice must be founded. And to speak the truth, it is a species of knowledge, which, how slightly soever it may have been treated by some, is yet not very easily attainable. To define with accuracy, and to discriminate clearly, are in every branch of science difficult; but with respect to venereal infection, every step taken towards an investigation into its nature, must be not only difficult, but attended with a peculiar degree of uncertainty; arising either from the patients ignorance in the disease itself, from his levity, bashfulness, or want of candour, but also from the present imperfect state of our theory. And I fear, that as we proceed in our enquiries, on the Lues Venerea, the reader will frequently have occasion to lament, that many desiderata are, on the side of the practitioner wanting, and that much still remains to be explored, before we can talk rationally on some parts of its natural history.

With respect to some very interesting theoretical points (and I now particularly ad-

advert to the nature of the Gonorrhœal infection) our endeavours will be directed rather in search of what we do not know, than in amusing the reader with idle speculations of our own. What we have to offer on the natural history of the Lues Venerea itself, though in some parts I am sensible, it is greatly deficient, yet this I can answer for, that it has been faithfully taken from practice : and facts of this sort, however imperfectly given, will, I flatter myself, to the inexperienced, be always found useful. I have not aimed at increasing the catalogue, or at enumerating every kind of symptom to be found in books, but have endeavoured, in as concise a manner as I could, to give the result of my observations for twenty years back ; that those who have not had many opportunities of seeing the disease, may yet, by attending to the marks here given, clearly distinguish it from all others, trace it through its general progress, and know it, even in its most insidious form, when in disguise it secretly undermines the constitution.

I have

I have not ranked the gonorrhœa virulenta with the Lues Venerea, properly so called ; because though its venereal origin has been pretty generally believed, yet it has been believed without clear and absolute proof. And even granting that it had that origin, still it has a course of its own, a course no more like that of a chancre than is a common catarrh like that of the small pox ; and which does not seem to lead to a general infection of the system, or to the same consequences as chancre. Therefore (excluding gonorrhœa) I arrange the symptoms of the Lues Venerea under **THREE** *general heads*.

Those which appear early, in the most natural order, and are not perceivably influenced by the medicine, I rank under the *first head*. These are chancre, chancrous excoriation, and venereal bubo ; and as a venereal ulceration of the tonsils, a venereal eruption, and a beginning affection of the periosteum, do sometimes shew themselves early, or within a few months after the receipt of infection, I must, when they follow this course, refer them

also to this class. However, when I speak of the latter in a general manner, I shall, in conformity to custom, call them secondary symptoms : as when they appear at a more distant period than that now described, they are more properly classed under the second than under the first head ; because they then are more diverted from their natural course, by mercury.

The symptoms above-mentioned are univocal, certain signs of infection, and are venereal in every sense of the word.

Upon examining the symptoms arranged under the *second head*, the effects of the medicine, in retarding the natural progress of the disease, will be sufficiently evident. These are half-healed sores on the glans or prepuce, originally chancrous ; buboes, which have burst of themselves, or been opened, but which, from the poison still lurking in the system and from irritation, have no disposition to heal ; warts and other similar excrescences ; ulcerated tonsils ; eruptions ; nodes and gummata ; venereal ophthalmiæ, rhagades, ozænæ, &c.

These

These symptoms differ from the former, not only in having been very much influenced by mercury, but in not preserving, with respect to the time of their appearance, a precise regularity or order. And they differ from the symptoms comprehended under the third head, in being, though somewhat irregular, fairly formed; and univocal, certain marks of infection.

Under the *third head* are comprehended the anomalous symptoms; those which are the remains of one or more former infections, still more broken down than the preceding symptoms, but not perfectly eliminated by the medicine; and in which the deleterious effects of the latter, are often blended with the latent sparks of the disease.

The first HEAD or DIVISION.

THE SYMPTOM called a chancre is the primary and immediate consequence of inoculation with true venereal matter, and may arise in any part of the human body : but it generally shews itself in the pudenda, because the infecting MEDIUM is there first taken up in the one sex, and communicated by contact to the other. It is not however peculiar to these parts ; for whenever the same kind of fluid is applied to a scratch on the hand, or finger, the same consequence will follow. In both cases the poison has a power of acting, perhaps in the nature of a ferment, on the juices it first meets with in the cutis and cellular membrane, surrounding the parts where it was originally received, and into which it was deposited ; and of converting them into its own virulent nature. The matter from which, applied to a third person, infects him also, and thus the propagation of the disease may be carried on,

ad

ad infinitum. There can be no doubt but that the slightest abrasion possible, or breach of the cuticle, is sufficient to give a speedy admission to this destructive fluid. And if we may be allowed to judge of this, from the activity of the variolous matter, in propagating the small pox, which may perhaps be communicable, simply by rubbing that matter through the pores of the skin, it seems probable that the mere contact of venereal matter upon surfaces so delicate, and slightly defended with cuticle as the pudenda, would be sufficient to produce disease. But it has never yet been fairly and fully proved, whether the same consequence would follow from the inoculation, or simple contact of the gonorrhœal fluid ; I mean the discharge taken from a gonorrhœa, when it may reasonably be supposed to possess the highest degree of virulence.

There is both a local and a general predisposition to the Lues Venerea : Jews and Mahomedans, from the constant exposure of the glans and loss of the prepuce, have the cuticle of the balanus of much

firmer texture than those who have not been circumcised ; and they are, from this circumstance, much less subject to chancre and gonorrhœa than the rest of mankind.* For the same reason they, who from the shortness of the prepuce generally keep the glans uncovered, are neither so liable to the one disease or the other, as those who have long narrow præputia ; for persons thus formed constantly keep the surface of the glans and prepuce moist and tender ; and, almost at every cohabitation, are liable to abrasions and to excoriations. There cannot be a more dangerous predisposition than this. But as it can always be known à priori, so are the means of prevention safe and easy. Not so the predisposition depending on constitution.

* Fallopius, an author of distinguished credit, assures us that, even in his time, when the disease probably raged with more violence than it does now, scarcely two out of a thousand persons were infected whose præputia were short, and whose balani were kept constantly uncovered ; and he adds, “ Ratio est
 “ quoniam detectæ glandis durius corium redditur
 “ atque callosius.” Aphrodisiac, page 780.

This

This we can only know à posteriori, from experience, from the rapidity with which the disease proceeds in some habits, and from the great obstinacy with which it resists the usual methods of cure. That there is in nature such a predisposition is evident, not only from what is daily seen in the small pox, but from the great devastation sometimes made by the Lues Venerea, in persons whose juices have never been contaminated by a former infection. And on the other hand the surprizing escapes which some have, from cohabitation with those who are capable of communicating disease, shew, that a sound person is not at all times disposed to receive it. How often do nurses and others who have never had the disease escape infection from the small pox? And there have been certainly a few instances in which even inoculation would not give it.

In that species of chancre, which for distinction sake I must call the *APTHOUS*, from its resemblance to the *apthæ* of children, the progress of venereal infection on the part, from the receipt of the poison

to the fair formation of an ulceration, has not been described with sufficient accuracy. The two first stages, namely that of the pimple, and that of the pustule are generally passed over unnoticed before the disease is suspected, and the first symptom that gives the alarm is an uncommon itching on one or more points of the glans or prepuce. Upon inspection a small ulcer is perceivable, not deep, nor perhaps larger than a moderately sized pin's head, the circumference and bottom of which are thickened and hard, with a surface yellowish, or resembling a small slough, but with somewhat of the orange-coloured tint.* This singular appearance is frequently discoverable by the naked eye at an early stage; but will be best known by viewing the part with a good lens. When rubbed

* I have seen this tint frequently in the early stage of a chancre, when the part has been ulcerated, but I have not yet been able to ascertain whether it is observable also before the infection has proceeded so far, namely during its previous states of pimple and pustule, because the state of ulceration is generally that in which the patients apply for relief.

or rudely handled this ulcer smarts a little; but the only inconvenience at this period of the disease is a trifling itching, sometimes with, sometimes without a slight surrounding inflammation. It is remarkable and well worthy of note, that a chancre of this kind will sometimes remain in this slightly irritable state, for a much longer space of time than has been generally imagined. I have seen one so exceedingly small, and so perfectly free from pain and inflammation six weeks after the receipt of infection, that if I had not known the fact from incontestible evidence, I should have supposed it to have been of a much earlier date. And notwithstanding this flattering and seemingly trifling appearance on the part infected, in the case to which I am now adverting, by trusting to the slow effects of an alterative course of mercury, the operation of the remedy was not sufficiently quick or powerful to anticipate or prevent the natural progress of the disease to a venereal eruption. However, I believe that instances like this are not very common; for the ulceration generally

rally becomes irritable before the period above-mentioned.

The pimple, which (if I may be allowed the expression) is the first rudiment in indication of a future ulcer, may be compared to that slight elevation and inflammation of the skin, which appears on the arm of a person very lately inoculated for the small pox. At what precise time the pimple shews itself after the insertion of the venereal matter, or how long it remains in that state before its conversion into a pustule, I cannot say. After inoculation for the small pox, when the disease takes, the inoculated arm generally shews signs of infection within three or four days after the insertion of the variolous matter. But to this there are many exceptions. For the arm is sometimes so little altered on the sixth day, and even later, as to make it doubtful whether the disease has been communicated or not. But in the *Lues Venerea*, I believe, that the elevation and inflammation of the pimple are much later than in the small pox. For when *gonorrhœa virulenta* and chancre are

are combined in the same subject, and both received from one and the same infected person; the chancre often shews itself many days, and sometimes weeks, after the commencement of the former. Probably though, in this case, the gonorrhœa may procrastinate the natural progress of the venereal ulcer. It being an established law in the animal œconomy that irritation or inflammation subsisting in any one part, will often retard the progress of these symptoms in another.

It is generally allowed that after inoculation for the small pox, the earlier the elevation and inflammation of the little wound, and the quicker the subsequent change to matured pustule, the milder will be the future disease. I have seen a few instances in which the inoculated arm has been as forward on the third or fourth day, as it generally is on the eighth or ninth, and in these cases no eruption followed. But it may be questioned, whether the early and rapid progress of a chancre is not rather a mark of virulence, than of a mild species of disease. Be this
as

as it may, certain it is that in the Lues Venerea, the older the date of the infection, no matter how slight or trifling the ulcer may seem, the more difficult it will be to assure the patient from secondary symptoms in future. Because the disease is in this case quickly verging towards the time of eruption. The period at which it may truly be said to have arrived at its state or acmè. It generally happens that in the progress of both these poisons into the system, there is a certain alteration produced on the parts to which the respective fluids are applied, which seems essential to the propagation of the two diseases. Thus in the small pox, pimple, then pustule first containing lymph, then a more concocted pus-like matter precede the pain in the axilla and the eruptive symptoms: So in the Lues Venerea the pimple is first converted into a pustule, which breaking leaves a small open ulcer; then the lymphatics become affected, and so on. But there are exceptions to this natural progress in both diseases. If I mistake not, I have known eruptive symptoms and
 pustules

pustules arise from variolous matter, without the usual regular appearance on the part inoculated, and future experience will shew how far the same observation may be applied to the venereal poison. We meet every day with venereal buboes, as first symptoms, without the smallest marks of a latent chancre. In this case the poison immediately after its admission, either passes directly to the lymphatic glands, and so on into the system, without undergoing any regular alteration or fermentation where it is first applied: or else, the sudden enlargement and inflammation of the lymphatic glands for a time anticipates that progress which would otherwise take place on the part: perhaps sometimes one, sometimes the other of these circumstances is the fact, when bubo arises as the first symptom. I had once a patient who, a fortnight after connexion, had a beginning bubo without any other attendant symptom; it was clearly venereal; he used mercury in the alterative way, and in about nine weeks, from the time of infection, his bubo was fairly suppurated.

After

After the matter was discharged, and not before, a chancre made its appearance on the prepuce, small in size and with the usual characteristic marks, but without pain or inflammation; and, from the opinion I have of the veracity of the man, I make no doubt but that the same connection which gave the one symptom communicated also the other.

The chancre or chancres (for sometimes there is only one and sometimes there are several) are for the most part devoid of pain, or considerable inflammation, for many days; and in some cases for weeks; they are small in size, and though attended with considerable itching, yet the glans and prepuce continue uninflamed and without phymosis. There is no increased secretion from the sebaceous glands, no general excoriation, or abrasion of the cuticle, during the whole of this period; which, as has been already observed, sometimes continues for weeks. There is only a solutio continui, where the chancre or chancres really exist. Local irritation will often change the condition of these fores,
from

from this quiet to a very uneasy and painful state, especially if irritation is assisted by intemperance of any kind. And, what is worthy of note, even the stimulus of mercury to the system, before the decisive change has been produced on the disease, will have a similar effect. As by degrees the ulcers spread and eat away the surrounding parts, converting them into their own nature, the itching goes off, and soreness, pain, and great irritability succeed. As these increase inflammation is brought on the glans and prepuce, and then a tendency to a complete phymosis ensues. The prepuce is not only thickened, but it becomes red and tense, and with difficulty admits of a perfect denudation of the glans. A short time before the parts are in this irritable state, a symptom, which is generally reckoned peculiar to the gonorrhœa alone, is felt, I mean a slight chordèe. And it arises from the extension of the inflammation to the cellular texture of the urethra and corpora cavernosa penis. For some time there is no other discharge than what is furnished by the

chancre

chancre or chancres themselves, the sebaceous glands remaining without increased secretion. But when the discharge becomes greater and more stimulating, then sometimes new chancres arise, in addition to the original ones, the sebaceous glands themselves become affected, their surfaces are exposed, and those parts which are not actually ulcerated are excoriated. The general irritation is now so great that the prepuce can hardly bear to be touched, much less to be handled, so as to suffer a minute examination of the fores, and unless the irritation and inflammation are speedily removed, the patient may lose his prepuce, and perhaps a great portion of the glans. This mischief arises in the first instance from the spreading and great irritability of the chancres, and from the discharge which they furnish becoming highly stimulating; in the second, from the extension of that irritability to the mucous surfaces of the glans, and internal parts of the prepuce, on which it produces inflammation and excoriation; and lastly, from the discharge arising from all the fores not
 finding

finding a free exit. This affection cannot happen to those who have lost their præputia; but is most frequently met with in those who constantly keep the surface of the glans covered.

The excoriation here described is clearly the consequence of previous chancres; and, as it requires precisely the same treatment, it may be called chancrous. Though I am by no means satisfied that that appellation is a proper one, I would rather confine the term to the rapid excoriation, which sometimes follows the livid irritable species of chancre to be hereafter mentioned, and perhaps to some others.

It is very seldom that an affection of the prostate gland, or neck of the bladder, takes place in consequence of a pure and unmixed chancre. But I have known it happen when the ulcer has been situated at the orifice of the urethra, though it produced no one of the symptoms of a virulent gonorrhœa; and, in the case I now allude to, the free use of mercury under confinement, which was necessary for the cure of the chancre and a venereal

eruption, which the patient also had, cured him of the affection of the prostrate. I had once another instance of a chancre situated in the same manner, which, without producing gonorrhœa, was attended with considerable hardness and beginning abscess in perinæo, which, with the chancre, gave way to the general use of mercury, and was thereby perfectly dispersed, without ever coming to suppuration. When the apthous chancre gets into an irritable state, and sometimes earlier, an enlargement and uneasiness of one or more lymphatic glands, in the groins, are perceivable. These tumors arise from the stimulus of the poison, which is endeavouring to pass, in considerable quantity, from the ulcerated part through these bodies; and perhaps, in some measure, from the irritable state of the chancres. In every case of venereal infection, those lymphatic glands which are the nearest, and have an immediate communication with the lymphatics of the ulcerated part, are first susceptible of disease. Thus when infection is received by a wound in the
finger,

finger, the glands of the correspondent axilla are affected, as they also are after inoculation for the small pox. It sometimes, though rarely, happens that a beginning suppuration, resembling a bubo, will appear near the pubis, from a chancre behind the root of the penis. In short, the chancre itself, and the natural course of the lymphatics from it, determine the situation of these tumors, and this system of vessels is the common channel, by which infection is conveyed into the blood : and I am of opinion, that the absorption commences from the instant the poison touches a wound or denuded surface.

When the enlargement of the gland is perceptible to the touch, if the irritable state of all the parts is increased, either by external or internal stimulants, especially if the patient's habit is inflammable, it will frequently tend to a quick suppuration: but sometimes, in a course under confinement, it is not till after the healing the chancre, by the action of the specific, that the tumor suppurates ; and sometimes it will remain in an indolent state, till a

plentiful diet with exercise, by invigorating and stimulating the whole system, have promoted the inflammation. Healing a chancre prematurely by sedatives, or other means, will often, by checking the discharge from a loaded lymphatic, leading from the ulcer to the groins, (which may be often felt tense like a chord) increase the enlargement and hasten suppuration. On the other hand, suffering the ulceration to heal by the general and gradual action of the medicine on the system, under that discharge which properly belongs to the sore, is one of the most certain ways of avoiding the pain and inconvenience of suppuration ; especially if, with other means, a mercurial or antiphlogistic purgative is occasionally interposed : I say a gradual action from mercury is necessary, because I have known a premature affection of the mouth, by healing the chancre in so short a space as a night's time, cause an immediate absorption of venereal matter, and a disposition of it in the inguinal glands, thus laying the foundation of a bubo without curing

curing the disease. So that an increased power of absorption, though it is one of the effects attending a sore mouth, yet it is only one, and may take place when the medicine does not cure.

The suppuration is generally supposed to be in the body of the gland itself. But this may be doubted. The irritation and accumulation of venereal matter in the gland, enlarges and inflames its substance; from which an unconcocted, imperfectly-formed fluid is first thrown out or exsuded, which afterwards, by the increased heat of the part and inflammation, becomes concocted or pus-like. I am of this opinion, because the matter, if a bubo is suffered to suppurate fairly, is always found immediately under the skin and exterior to the lymphatic glands; which glands are not, I apprehend, melted down with the contents of the abscess, but remain entire and almost in their natural state at the fundus of the cavity, unloaded by the previous exsudation: and it is for that reason, that they are not in general easily discoverable

upon discharging the matter: but in a bubo that has been injudiciously treated, and irritated, the case is very different.

A gentleman having had a caustic applied to a bubo which was not fairly matured, the eschar, without being divided, was suffered to digest out; of course the matter was not immediately discharged; when the eschar separated, there remained a painful ill-digested sore with much hardness; notwithstanding the most judicious use of the specific under confinement, &c. the sore became daily more painful, and at length a single distinct gland arose from the bottom of the wound, which soon increased to the size of a walnut. Irritating applications of the caustic kind were used to destroy this diseased gland, to no good purpose; for it continued to increase, and either from over distention, or from the action of the applications, its natural covering was in a short time destroyed, and the whole then put on the form of a large spongy fungus, which was so insensible as readily and without pain to bear

bear the passage of a probe in all directions through it. The state of the parts gave me a fair opportunity of observing whether, in the neighbourhood of this single gland, there were not others, and I could clearly distinguish them, in a state of irritation, but still covered with their proper coats. The patient not being my own, I visited him only a few times, and saw no more of him; the fungus I afterwards understood was removed; the other lymphatic glands, which were still covered by their proper tunics (from what I have since seen in similar cases) I make no doubt subsided and granulated.

There is in this disease another much more troublesome kind of ulceration than the apthous, which, for distinction sake, I must call the *livid* irritable chancre. It is, from the beginning, painful to the touch; instead of the apthous it has a livid or somewhat blackish hue, with a corroded kind of surface, and hollow ragged edges; it creeps on at a great rate, eating away and undermining the surrounding skin, irregularly, like a small

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spreading

spreading phægadenic sore ; it is attended from the beginning with much more discharge than the preceding species, and that discharge seems to be highly acrimonious ; the ulceration is very irritable, and I have known it produce phymosis, with excruciating pain, soon after the receipt of infection ; a degree of pain which nothing but the immediate use of a powerful sedative to the part could allay, or prevent the speedy destruction of both glans and prepuce. From the quantity and acrimony of the discharge, as well as from the great irritability of the sore, not only general excoriation but bubo arise much sooner in this than in the preceding chancre ; from which it is both in appearance and progress so very different, that I am inclined to think the venereal matter which produces the one is applied in a different way from the other. In the apthous chancre, the poison is perhaps received by a very small wound or crack in the skin. In this, the matter is perhaps taken up from an abraded surface of some considerable extent ; which surface has
suffered

suffered some degree of contusion in coitu : so that the quantity of matter, immediately absorbed in the one case, is small, in the other considerable. In short the two ways of receiving infection, and the early consequences arising from each, seem to differ as much as the Suttonian method of Inoculation differs from the old one, formerly practised ; in which it was customary to apply a piece of infected cotton to the surface of a wound.

Having described the two most opposite and different kinds of chancre, I must observe that there are many intermediate states or varieties, in which, though the appearances of the two are somewhat blended, the venereal character is the same in all ; and in general, so strongly marked that, they may be readily referred to one or other of the species just mentioned. Thus for example, if a chancre spreads superficially to some extent on the surface of the glans, with considerable discharge and tenderness, it may be ranked with the irritable species : if it is circumscribed, with little discharge, yellowish, not very tender,

tender, but with great furrounding hardness or callosity, it may be classed with the apthous kind, &c.

It would be an endless business to describe every variety; for as each variety, though differing somewhat as to progress and appearance, has the same specific character of being chancrous; so I apprehend a more minute distinction to be wholly unnecessary. The species I have just described, seems to me to differ from the apthous, only in being more rapid in its natural progress, in being probably more infectious, and in proceeding with greater celerity towards a secondary state of symptoms.

To return to the progress of the apthous chancre. In like manner as the inflammation on the arm of a person inoculated for the small pox, a little before the commencement of the eruptive symptoms, spreads; thus in the Lues Venerea, though the chancre was originally small, and though it continued so for many days, perhaps for some weeks, yet when it once
be-

becomes painful, it increases very fast; and probably would continue increasing, in extent and depth, much more than it generally does, if the prevailing method of giving mercury, did not, in some measure, retard its natural progress. Its tendency to spread seems to depend on the degree of irritation applied, on the date of the disease, and on its proximity to the time of the natural eruption. The variolous poison generally brings on eruptive symptoms after inoculation, within ten days or a fortnight, but in the Lues Venerea, nature does not perform this office in so short a space of time. For the infectious fluid is for months, and I have (as it will be hereafter shewn) known it for years, circulating with the general mass, before it could produce that change in the system, which seems to be the necessary precursor to a venereal eruption. It is difficult to settle the precise time, at which this *symptom* would take place *naturally*, if the disease was left to itself. Gasper Torella tells us, that it appeared, in his time, about sixteen days after the
 discovery

discovery of a chancre*. That, here mentioned, I take to have been of the livid, most irritable kind; and, from the eruption having appeared within sixteen days, when the ulcer was half-healed, it is clear that the alteration produced in the latter was by a topic; which will, in some measure account for the rapid progress of the secondary symptoms: but I have never in practice seen any thing like this. The description of Fallopius † comes

* De mense Augusto N. N. habuit rem cum muliere habente pudendam, quare eâdem die ipse fuit eodem morbo infectus: quæ infectio incipit apparere in virgâ, ut solet ut plurimum aliis evenire. Nam sequente die apparuit ulcus in virgâ, cum quâdam duritie longâ tendente versus inguina, ad modum radii cum sorditie et virulentiâ. Post sex dies, ulcere femicurato, arreptus fuit intensissimis doloribus capitis, colli, spatularum, brachiorum, tiliarum et costarum; et præsertim in eorum musculis, cum maximis vigiliis; à quibus molestatur non nisi in nocte, post primum somnum. Elapsis postea sedecem diebus apparuerunt multæ pustulæ in capite, in facie, et collo, &c. Aphrodisiac, pag. 546.

† Primo sunt pustulæ in universo corpore duræ et graves, in capite et barba; aliquando cum crusta, aliquando non; aliquando cum sanie, aliquando non; et

comes much nearer the present progress of the disease. The specific power of mercury has ever appeared to me to procrastinate the time of the eruption ; and the sudden cure of a chancre, by a sedative, to hasten it. I have known it to break out within ten weeks, within three, four, and six months, when it has clearly originated from a recent infection, in a constitution no ways previously tainted ; and when I come to consider the more confirmed state of the Lues Venerea under the second general head, instances will be adduced in which it appeared long after infection, thrown out by fever after the disease had remained for many years dormant. But such an eruption is somewhat different, and much more obstinate, than that we are now treating of. When I speak of a venereal eruption in general terms, my opinion is that no precise time can be given for its appearance : but when it is an early conf-

et sciatis non posse esse morbum nisi post sex, aut ad minus quatuor, mensium, quando hujusmodi symptomata pullulat. Qui (*sc. morbus*) incipit hyeme, producet crustas, principio æstatis ; qui vere, autumno, &c. Aphrodis, pag. 771.

quence

quence of the primary class of symptoms I am now describing, which have been mismanaged, it generally shews itself within four months : but, as I have frequently said, the power of mercury may in some instances produce a deviation from this course.

A venereal eruption is sometimes preceded by symptoms, which may, even in this disease, be called eruptive, They are for the most parts relieved by the eruption, but they do not always wholly subside on its appearance.

They are sometimes so slight as to pass with the patient for common rheumatic affections, but in some cases they are more violent. Pain and stiffness of the axillary lymphatic glands generally precede the eruption of the small pox, but no similar affection of the inguinal lymphatic glands is observable before a venereal eruption*.

A pale

* Vigo, after describing a chancre which he calls a pustule, goes on to the other symptoms.

“ Quamobrem non ita hujusmodi pustulæ beneficio
 “ medicinali, intus et extra applicato, poterant a me-
 “ dico curari, ut non semper earum malitiâ totum
 corpus

A pale sunken cast of countenance, which no words can convey an adequate idea of; lassitude; wandering pains in the head, scapulæ, arms, fore arms, and legs, sometimes

‘ corpus amplectaretur, cum ulceratione partium genitalium difficillimæ curationis et facilis recidivæ: quare, licet predictæ pustulæ deponantur, tamen etiam atque etiam solent recidivam facere: quare post earum sanationem quamprimum pustulæ crustosæ et interdum cum carnositate elevata ad modum verrucæ super frontem, caput, collum et faciem, brachia et tibias, et ferè per totum corpus diffusæ fuerant: et usque in hodiernum diem hujusmodi morbus hunc ordinem servat. Similiter quoque interdum cum dictis pustulis, vel saltem post earum ortum, inde ad mensem cum dimidio vel ultra patiens laboravit, doloribus clamosis interdum circa frontem, interdum in spatulis, et humeris et brachiis et aliquando in tibiis, coxis et anchis. Quibus doloribus, aliquando multum post tempus, viz. post annum et ultra, quædam oriebantur schirrhositates ad instar osseum; à quibus ægrotantes doloribus clamosis vexabantur presertim tempore noctis, et sedabantur die. Pro quorum sedatione anodynæ medicinæ à doctoribus commemoratæ sedativæ doloris administratæ nullum affectum doloris sedativum ægrotanti præstabant. Cujus doloris finis ferè semper fuit, os, et almoschatin corrumpere et vitiare quemadmodum in ventositate spinæ accidit.”

Vigo lib. de Morbo Gallico. Practica in arte Chirurgica copiosa,

times of the knees and ancles, precede the eruption. These pains are for the most part superficial, and by no means confined to the centre of the cylindrical bones; and they are sometimes felt in the day as well as in the night time. When not particularly severe in the night, which they more frequently are, they are generally attended with a want of rest, or a nightly inquietude. The excruciating boring pain which attacks the centre of the cylindrical bones in old poxes, and almost immediately produces a node, seems to be a very different species of pain from that I am now endeavouring to describe, which is superficial, erratic, and occupies the periosteum, the muscular, aponeurotic and ligamentous surfaces universally; (as has been already said) they are sometimes so trifling that the patient hardly notices them, and when they are not, they are incomparably less severe than the other species. The lassitude is not only observable in the day-time, when the patient is walking, or about his ordinary business, but is very remarkable upon rising in the morning, his sleep not having
afforded

afforded him much refreshment. The pains are sometimes partial, sometimes general, occupying the pericranium only, or the periosteum of one or more bones. The more general the eruption the more remarkable is the remission from pain. When there are but few pustules on the skin in recent, as well as old confirmed cases, the pains will be sometimes particularly severe, and they will sometimes also be severe when they are the forerunners of a large crop of pustules. This proves the consent there is at this period of the disease between the skin, the periosteum, muscular, and other surfaces. The eruption, like the pains, will be sometimes partial, and to be seen only on one particular part or limb. It appears frequently in the head among the hair, upon the breast or beard, upon this or that limb, but is generally dispersed over the whole body. So that now, superadded to one or more ulcers variously characterised on the part at which infection was originally received, there are a number of pustules on the skin, each of which, if the disease was left to itself,

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would

would in time be converted into a sore. From the continuance of the disease the poison has been so far blended, and as it were assimilated with the blood, that it has converted a portion of the animal fluids into matter, which is cast off from the general mass, and deposited on several surfaces of the body. Nor are the above the only surfaces on which matter is at this time thrown out; for the tonsils sometimes become ulcerated, and this ulceration is synchronous with the eruption, and is readily producible by repelling the latter when the disease is not cured. But whether other parts of the fauces; viz. the gullet, tongue or membrana pituitaria narium have a similar propensity to disease at this time I cannot say, though I suspect that they have. And at this period the nervous power shews evident marks of being morbidly affected. During the whole progress of the primary symptoms not the smallest disposition to metastasis is observable; but when the eruption has once appeared, this circumstance never leaves the patient till he is perfectly cured. If
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any one secondary symptom is only palliated or removed, the disease itself not being cured, the removal of this symptom will, to a certainty, be sooner or later followed by some other. Thus, for example, a variety of medicines will damp a recent venereal eruption ; but the truce, for the most part does not last long. For an ulceration of the tonsils, venereal pains, or some other symptoms soon shew themselves, and affections of the pericranium and periosteum so soon follow the partial cure of venereal pustules on the skin, that we must generally date the origin of *nodes* from the eruption. It seems to be, in this case, a true translation of morbid matter from one surface to the other. But probably in the natural course of the disease ; partly because the pustules, so long as they continue fully out, make a diversion from the internal surfaces ; and partly because some time is requisite for the thickening and enlargement of the periosteum, the node is very seldom perceivable at the breaking out of the eruption, nor till some considerable time afterwards. How-

ever, though the node itself does not appear so early, yet I believe the disposition to it exists at that time ; because there is a tendency in the disease to metastasis ; and because the pustules may be repelled from the skin, and driven by mismanagement, immediately, on the internal surfaces. I am of opinion that not only in the infancy of a venereal eruption, but during the formation of the eruptive symptoms which precede it, there is a similar, though perhaps weaker, consent between the external and internal parts of the body. But at what precise time, if the disease was left wholly to *nature*, a nodous affection would shew itself seems to be uncertain, and is to me unknown. Having seen a very virulent venereal eruption continue on the skin for some months without any mark of an affection of the periosteum, except the usual eruptive symptoms which ceased on the breaking out of the pustules, I am inclined to think that the formation of a node in the natural course of the disease must be considerably later. And this idea

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corresponds with the testimony of Vigo. *Vide* note last mentioned. The consideration, therefore, of nodes will come more properly under the next division of the work than under this. The reader will only be pleased to remember that the disposition to nodous affection is probably like the venereal sore throat, synchronous with the eruption; and, though a node does ^{not} in general appear naturally with the latter, yet it may very readily be produced by repelling that eruption from the skin to the periosteum.

Though in this disease the eruptive symptoms for the most part remit or subside for a time, upon the breaking out of the pustules, yet the eruption is by no means critical, in the usual sense of the word. There is no tendency in the pustules to scale off, they only crack and leave the honeycomb kind of scab; on the contrary, if left to themselves they would probably go right on, exulcerating the skin till they affected the bones themselves. At least such seems to have been the progress of the

disease in the sixteenth century. * I have called the appearances on the skin, denoting a venereal eruption pustules, but they are more generally known by the name of venereal blotches, which are said to be copper coloured, and they have indeed generally, from the beginning, more or less

“ Tandem, quod in majori parte inerat, ulcuscula
 “ quædam circà pudenda oriebantur, iis non dissimi-
 “ lia, quæ solent ex fatigatione contingere, quam,
 “ cariam vocant ; sed natura longè impar, nam hæc
 “ et emori contumax erat, et victa una parte, alia
 “ regerminabat immortalis propagine. Post hæc crusto-
 “ sæ quædam pustulæ per cutem erumpebant in
 “ quibusdam quidem à calvariâ incipientes (quod ut
 “ plurimum erat) in quibusdam in aliis locis parvæ
 “ primum eæ apparebant, mox augebantur paulatim ad
 “ magnitudinem cooperculi glandis, et similitudinem
 “ etiam iis non adsimiles quæ in pueris achores vocan-
 “ tur. Differentiæ earum multæ visebantur, quibus-
 “ dam parvæ et sicciore quibusdam majores et pin-
 “ guiores, nonnullis lividæ, aliis exalbidæ leviter pal-
 “ lentes, aliis duriores et subrubentes. Omnes autem
 “ paucis post diebus aperiebantur, ac mucore quodam
 “ mucilagineo foetido manabant, nec dici potest quan-
 “ tus ille mucor perpetuo affluebat, quanta sordities.
 “ Exulceratæ deinde exedebant more eorum ulcerum
 “ quæ phagædenica appellantur, atque interdum non
 “ sol^{um} carnes sed et ossa etiam ipsa inficiebant.”
 Aphrodis. page 199. Fracastor. De Morbo Gallico.

less of this peculiar hue. When they first break out they may be very easily confounded with other defædations of the skin, from which they must be carefully distinguished. The pains which most frequently precede them, their colour and other circumstances, which need not be repeated in this place, will generally lead the practitioner right in this matter. But it must be noted that neither the copper hue nor the pains are constantly met with. Under these circumstances it requires no small share of sagacity to determine the true nature of the case. However, when they are more advanced and become (as Sydenham has expressed it) like a honeycomb, the diagnosis will be much more easy. But even here, without the utmost circumspection, the case may be mistaken. For there is an eruption, which without previous pains apes the venereal; like it, it appears in the beard, and among the hair, and in its advanced state has also the honeycomb look. This eruption generally finishes its course in a few days, and by that circumstance alone it may be distinguished,

guished. Of venereal eruptions there are great variety, with respect to the number of pustules, their size and appearance, in their most early state they are generally copper coloured, at first scarcely elevated above the skin ; but as they advance in age this elevation increases ; they maturate and contain diseased mucus or matter, and are sometimes filled with a kind of lymph, and I have seen them perfectly warty ; but in general after breaking they have the crusty honeycomb appearance. Some true venereal eruptions have not the copper hue, but are red and florid, and this is frequently the case when the eruption comes on during, or immediately after, the free use of mercury. The blotches are generally large, but they are sometimes small, and not very unlike a common itch. In short, there is so much variety in this symptom that no description, however laboured, can give a just idea of it ; and it can only be thoroughly known by frequent and careful inspection of those who are diseased : and to this I must therefore refer the reader.

Having

Having traced the progress of the Lues Venerea thus far, and shewn the true origin of nodes, which lead to an affection of the bones themselves ; and taken the liberty of illustrating this progress by that of another infectious disease, which is certainly, as to its nature and character, very different from this, though there are some circumstances in which they resemble each other, I must beg leave to point out these circumstances more fully. In the small pox when the pustules have been thrown out on the skin, there is a corresponding number to be seen in the mouth, in the throat, and probably on other internal surfaces. When the disease is over, and an exsiccation of the pustules has taken place, a disposition to metastasis remains, the matter which was formed on the skin, is absorbed into the circulation, and is frequently again thrown out from the general mass on various parts, producing abscesses, which are sometimes superficial, sometimes deep seated, in the interstices of muscles, in the cavities of joints, and even under the periosteum, rendering
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the subjacent bone carious. It is rather surprising that in two diseases so specifically different as the Lues Venerea and small pox undoubtedly are, there should be such a similarity of circumstances !

For some further observations on the venereal ulceration of the tonsils, the reader is referred to the secondary symptoms in the next division. I must, however, remind him that the tendency to this symptom, like the disposition to node, is synchronous with the eruption. In the case of node the periosteum becomes the seat of the metastasis : in the venereal sore throat the deposition is made on the surface of the tonsils.

CHANCROUS EXCORIATION.

In the foregoing enumeration of symptoms I have endeavoured to describe the livid, most irritable, species of chancre ; I have said that it might arise in consequence of the absorption of a quantity of venereal matter, from a surface that had been considerably abraded or wounded ; that it became speedily painful ; and that it was
 much

much more rapid in its progress than the apthous chancre : but that both the species produced general excoriation of the glans and prepuce, secondarily ; that is, after these symptoms had, for a shorter or longer space of time, gone on spreading without this kind of subsequent affection. That the excoriation arising during the progress of these two symptoms is chancreous, there can be no doubt : but it may be asked, are there not other excoriations, affecting the same parts, which deserve the same appellation ? Probably there are : And if they are not all referable to the livid, spreading, most irritable species of chancre above-mentioned (of which there may be, perhaps, many intermediate shades or varieties) they probably originate from the admission, either of true chancreous, or of the gonorrhœal fluid, into the substance, or secretory parts, of the sebaceous glands themselves ; when the surfaces of these glans have suffered an accidental abrasion.

But it is another question, whether the spongy, porous substance of the glans
penis,

penis, without any abrasion or previous breach in the skin, can absorb and retain a portion of venereal matter in its sebaceous glands, which shall first produce a syphilitic secretion, and afterwards an excoriation truly chancrous. That such an affection does sometimes take place is probable; but I believe that the case, described by Sydenham, in which a discoloured matter is said to have oozed from the substance of the glans : and that, mentioned by Astruc, in which a similar kind of fluid was squeezed from the mucous cryptæ of the pudenda of a girl, were gonorrhœal. It does not appear that they were chancrous, in the strict sense of the word. And the point of most consequence to determine is, whether diseased mucus from such cases as these, or from the gonorrhœa virulenta will, upon its inoculation, actually produce chancre. If it will, there is probably not only a species of chancrous excoriation, arising from a primary affection of the sebaceous glands themselves, through their natural coverings ; but, whenever in gonorrhœa a metastasis takes place

place, from the urethra to the surface of the glans, and that metastasis is attended with increased secretion and subsequent excoriation, that excoriation is also chancreous. If such should be the results of the experiments above alluded to, the affinity between chancre and gonorrhœa, how much soever the immediate consequences of each may appear to differ, will be established beyond all contradiction. A variety of arguments might be drawn, both from the natural history of these two original symptoms and from the usual methods of treating them, to prove, that this supposed affinity is doubtful, and that what seems to be the most prevalent opinion at this day, I mean the opinion, that the true virulent gonorrhœa is a singular modification of the old leaven, has been, and still is, universally believed, without clear and absolute proof. If these things are so, it is to experiment, and experiment only, that we must look up for a solution of the difficulty. And it were to be wished that, in a matter with which the well-being of thousands is involved, the

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the legislature would give up a few condemned malefactors for the exprefs purpose of profecuting this very interefting enquiry ; an enquiry which, if properly conducted, muft put both our theory and practice, in the Lues Venerea, and in gonorrhœa, on a firm, rational and immutable bafis ; and tend to fome very important difcoveries in the natural hiftory of both difeafes.

Chancrous excoriations fhould be carefully diftinguifhed from other difeafes of the fame parts. Mere irritation from violent fruition ; the febaceous matter of the glandulæ odoriferæ becoming acrid, from neglect, particularly in hot weather ; fcorbutic and fcrophulous affections of the glans and prepuce, will frequently put on fomething of the appearance of a venereal excoriation, but a little time will generally fhew their true nature. A chancrous excoriation, if the prepuce continues uninflamed, may be feen daily degenerating into ulceration. If a phymofis arifes it may be known, by the violence and pain of the inflammation, by the colour of the dif-

dif-

discharge, which is most frequently of a greenish yellow; and sometimes, when sedatives are used, by the separation of sloughs of the same colour; by loaded lymphatics, which may be frequently felt, going from the exulcerations to the nearest lymphatic gland. They may be distinguished from excoriation, the consequence of gonorrhœa, when it affects the glans penis, by their wanting one of the characteristic symptoms of this disease, namely the disposition to metastasis.

BUBO, *as a first Symptom.*

Having described the most general appearances, on the parts to which the venereal matter is directly applied, and the termination of these appearances in other symptoms, denoting a complete infection of the whole body; I have only one primary symptom more to mention, namely a bubo; when it arises alone, without any other precedent or attendant symptom, and without any apparent ulceration on the parts, which are usually in the first instance affected. Having already noted the cir-

circumstance, page 29, I have only to add, in this place, that the same general affection of the system, the same venereal pains, eruption and attack on the periosteum, and other internal surfaces, may follow from this, as from chancre ; even though the latter should never appear.

This species of bubo should be accurately distinguished from other indurations, and beginning suppurations of the inguinal lymphatic glands ; from scrophulous and other causes. I particularly mention this, because an inattention to it may, very possibly, lead an incautious observer to treat a case as venereal, which really is not so ; and, if he goes to work with mercury, he may thereby greatly injure his patient ; even if he is so fortunate as to escape the greater danger, that of laying the foundation for a pulmonary consumption. It is often very difficult to distinguish the precise nature of this species of bubo. If the case is not clearly venereal, it is, I believe, much safer to wait the suppuration of the gland ; or even to promote it by art, than to enter precipitately
on

on mercury, or trust to the no less dangerous effects of repellents. Suppuration, in such an enlarged gland, can do no mischief, even in a consumptive habit, but dispersing it may. When a bubo comes on, as it most frequently does, after chancre, there can be no difficulty in forming a proper diagnostic.

SECONDARY SYMPTOMS.

I AM now come to the second general head or division of the natural history of the Lues Venerea. In which I am, to endeavour, to describe a number of univocal symptoms of infection; but which, with respect to the time of their appearance, preserve no precise or regular order. They all of them originate from the common primordia of the disease, chancre, chancreous excoriation, or venereal bubo: when these symptoms have been imperfectly cured, by mercury, or other means. They may, in general, be reckoned late symptoms, and such as can arise, only, in consequence of the Lues Venerea having taken deep root in the constitution. But, before I enter upon these interesting states of the disease, I must first consider certain appearances of the common primary symptoms, which are observable when these symptoms have been neglected or badly managed.

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If there is a preternatural hardness, about the cicatrix of a chancre, it may be owing to the imperfect operation of mercury, simply; or to the joint assistance of an astringent sedative; or to some application of the cathæretic kind. If this hardness is considerable, the tender skin will soon give way, and an ill-looking spreading sore, with much callosity about it, will sometimes be the consequence. A chancre fairly healed, by the general operation of the medicine, even though, to quiet local irritation, mild sedatives may have been used, or cathæretics employed, leaves no appearance of this sort.

According to the date of the original infection, so is this secondary *ulceration*, more or less obstinate. And the same may be said of many kinds of bubo, which have been neglected or ill-treated; and which, cannot without the utmost difficulty (tho' they are by no means strictly speaking of the phagedænic kind) be brought to heal. The fact is, that in both cases the disease is damped, but not cured; and though the operation of the medicine may possibly

keep off, for a time, worse secondary symptoms, yet it hardly checks the progress of these local affections. In the alterative way I have sometimes seen chancres continue for months, seemingly at a stand, neither increasing nor healing. If a more liberal use of mercury, particularly under confinement, has been enjoined, these cases have soon been cured. But when an alterative course has been persevered in, and a great quantity of mercury has been used, without producing any of the changes which mark the decisive effects of the medicine on the disease, and such chancres have been dried up by a topic; a venereal eruption, or some other secondary symptom has generally followed; and that within a very short space of time.

V E R R U C Æ.

Under this name I comprehend not those appearances only, which resemble common warts, and give no discharge from them; but the red, moist, fungous, and also the spongy, irregularly-formed kind of excrescence: which last has had

various appellations, as ¹cræsta, condyloma, &c. Those, which appear about the glans or prepuce in men, or on the pudenda of women, are generally the remains of chancres, or chancrous excoriation, imperfectly cured. With respect to verrucæ of the first kind, when there are only one or two of them; small in size, of a roundish, smooth, regular figure, dry, and of the natural colour of the skin, and appearing without any other symptom, it is very possible that, they may not be venereal. For it is certain that verrucæ, of this sort, do sometimes arise near the verge of the anus, in persons who have never had the smallest venereal taint. But as I have never observed any species of wart on the glans, or prepuce, of those who having been married for the greatest number of years, have never indulged in promiscuous venery; and, as those of the first kind do happen, very frequently, to many who have been treated for the disease, (and probably arise on parts which have been previously affected with chancre or chancrous excoriation) they are certainly suspicious circumstances

stances; and as such should be attended to: when they are not local affections merely; remaining after a full and fair course of mercury, that has actually cured the disease. But the precise nature of this, or indeed of most other species of warts, can seldom be ascertained, without a minute attention to former symptoms, and to the methods taken to remove them.

When they are large, irregular in figure, or numerous, they are generally venereal; unless they remain, (which they frequently do) after a fair mercurial course. In this case, infection and disease are out of the question; they are indeed the consequence of both, but they are now become mere local affections, of parts whose natural structure is left injured; to recover which a separate, and very different treatment from a mercurial one, becomes necessary. But when this species is not so circumstanced, and shews itself either with, or without other symptoms, it is generally speaking venereal; and I suspect, even though such verrucæ may seem to be dry, and without discharge, that they are some-
times

times capable of giving infection. The red, moist, fungus-like excrescence, which sometimes appears behind the corona glandis or near the frænum, is, I believe, as capable of communicating disease as a common chancre ; of which it seems to be the immediate relict. It is sometimes the only symptom of disease, but it may be combined with others, and I once met with it combined with a corresponding sore, within the verge of the anus. A few years ago I was desired to see a gentleman, who supposed himself infected, but the date of the infection he could not ascertain. I found a red, spongy, fungus-like excrescence close to the frænum on one side, with little discharge from it. Upon further enquiry I discovered a very large superficial sore, spreading from the verge of the anus, farther than I could see, within the membrana interna of the rectum. The wart gave but little uneasiness, but this sore was so exquisitely painful that he had been totally deprived of sleep for many nights and days, and now could only bear to have it examined in the most

guarded manner. I tried a variety of applications, whilst I was introducing mercury into the system, under confinement, but could neither make his mouth tender, ease his pain, nor heal the ulceration; and after the fairest, external as well as internal use of mercury for three weeks; I could not perceive any signs of amendment, nor the smallest alteration in his general state, save a trifling degree of emaciation. He had been rubbing in, for the whole of this period, and was now taking calomel gr. ij omni nocte, and using ung. merc. fort. ʒij omni nocte. I ordered in addition mercur. crud. gr. xx, (bals. sulph. ext.) omni nocte, for five nights; and it was my intention that he should have gone on, in this way, for some time longer. But, mistaking my directions for the fifth night, he took forty grains of crude mercury at night, and four grains of calomel in the morning, besides rubbing in as usual. His bowels then became mercurially affected, with the languor, fœtor and usual symptoms of putrefaction; upon the coming on of which, the pain, and tenderness

ness in ano, ceased to disturb him. However the sore, though evidently mending, was not healed, and the excrescence seemed but little altered. Therefore finding, on the third day from the commencement of the mercurial symptoms, that it remained nearly in statu quo, I destroyed it with the lunar caustic. On the next day, viz. the fourth from the mercurial affection, there was no vestige of it left, and the sore in ano was perfectly healed. From the moment his bowels became affected they were kept quiet with philoneum, and he discontinued mercury from that time. His mouth was very slightly touched, and all the effects of the medicine went off in a few days. This is some years back, since which time he has had, from fresh infection, a number of recent chancres, which yielded, under confinement, with the utmost ease, to a moderate quantity of mercury, and the slightest effects from the medicine; and he enjoys, at this moment, perfect health. I am strongly of opinion that the sore in ano had, in this case, a communication with the excrescence near the frænum,

num, and that it was originally propagated from that part ; whether by means of a lymphatic, or in what other way, I cannot say. But, be that as it may, the one seemed to depend evidently upon the other ; and I believe that the verge of the anus is one of those parts, on which the venereal poison, in the ordinary progress of the disease, is apt to fix, either by a direct communication with the chancre, at which infection is originally received ; or without it, in consequence of a deposition of venereal mischief here, when the disease has subsisted a considerable time, and acquired the tendency to metastasis. And it is in this last way, I apprehend, that the large venereal excrescences of the anus arise. *Vide Anomalous Symptoms.*

With the metastases that occur in gonorrhœa we have at present nothing to do ; but are to endeavour to describe, in this place, those which originate from clear and undoubted venereal infection. During the progress of the common primary symptoms of the Lues, viz. chancre, chancrous excoriation, or venereal bubo ; not even the

the flightest disposition to metastasis is observable : as yet the disease has not affected the nervous power generally ; nor reached, what I have called, its state or acmè. But when once it has affected the skin, or other mucous surfaces, then this tendency to metastasis arises. In the foregoing division of the natural history, the primary symptoms were traced till they terminated in an eruption and affection of the mucous surfaces. But it very frequently happens that the disease goes on, producing other symptoms of lues, without an intermediate eruption. A chancre we will suppose has been healed, without the disease, of which it was an appendage, having been cured ; though the specific has so far acted as to prevent all appearance of infection for a length of time. The patient, when he supposes himself well, is suddenly alarmed with an excrescence about the anus, with venereal pains, a node, ophthalmia, a venereal farcocele or some other secondary symptom ; each of which may shew itself singly, without any attendant, but they are frequently combined. Thus, an excrescence

cence of the anus may come on with venereal pains ; the latter with a late eruption ; a venereal farcocele, with an eruption ; ophthalmia, with crusty pustules on the scalp, or with a node, &c. I have ranked these symptoms under this division of the work, because, whether they appear singly or in combination, they are evidently parts of the same general disease ; repressed by mercury. And, though the specific power of the latter may have been sufficient to prevent the regular progress of the original symptoms, into an eruption, yet the fomes morbi still remaining, like a smothered spark concealed in the habit, in process of time acquires the syphilitic energy ; and is then deposited on this or that particular part. It is uncertain where it will fix ; it may be on the external surface of the body, on which it may produce blotches, or painful spreading sores. It may be the periosteum of any one or more bones, producing nodes. On the transparent cornea of the eye, producing a venereal ophthalmia ; on the membrane of the nose, producing ozæna ; on the
 posterior

posterior part of the œsophagus, producing ulceration there; or the aponeurotic surfaces of muscles, producing gummata, or deep-seated floughs, &c. Whenever the disease shews itself in any of these forms, its true nature can never be mistaken. These are not only secondary symptoms, of a confirmed lues, but of a disease of the very worst kind; and they are proportionably difficult of cure.

ULCERATIONS *of the* TONSILS.

These arise, sometimes, long after the original infection. and unaccompanied by any other symptom; generally somewhat earlier than the other secondary effects of the disease, to be hereafter described. But sometimes they appear in combination with a venereal eruption, &c. A gentleman, some months after a supposed cure of a chancre, complained of pains in his feet, hands, elbows, and shoulders, with constant sickness and inclination to retch: these symptoms lasted some days, and then an eruption appeared on his breast. The general symptoms continued notwithstanding

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ing, and the eruption had not much of the usual appearance of a venereal one. In this situation he took an emetic, and other medicines to encourage perspiration. The general symptoms were thereby relieved, and the eruption disappeared. But, within a fortnight from that time, he complained of a sore throat, which proved to be a venereal ulceration of both tonsils. The eruption never appeared again on the breast, but two or three pustules broke out on the head among the hair, and one on the face.—The ulcers are at first, not very unlike the aphthæ of children; but by degrees the diseased appearance increases, and the sores spread both in depth and width, with more or less rapidity according to pre-disponent circumstances, destroying the substance of the tonsils themselves. During the progress of the ulceration, the other parts of the gland seem often to be but little affected: but they are sometimes enlarged, indurated, and even horny. They may be distinguished from the putrid species of sore throat with the utmost ease; the latter being accompanied with symp-
toms

toms of general indisposition; quick, febrile, pulse, languor, depression of strength, anxiety about the precordia, &c. no one of which symptoms ever attend a venereal sore throat. But it is not so easily distinguished from some scrophulous affections of the same glands. However, a minute attention to the progress of the symptoms and aspect of the two species, will generally enable the practitioner to discriminate them. They must also be distinguished from mercurial affections of the tonsils, arising from cold taken, during the free use of mercury, in the alterative way. There is a peculiar degree of fœtor of the breath in the latter case, with a general disposition of the salivary glands to increased secretion; which are never met with in the pure, unmixed, venereal ulceration.

VENEREAL SORES

Arising on any part of the surface of the body, may in general be distinguished from all others by their spreading irregularly, by their sloughiness, and by the appearance

ance of their edges. And, where they are affections of the true skin, by the exquisite degree of tenderness which often accompanies them : this tenderness is sometimes so great as to distort every feature of the patient's countenance, when he is dressed, though the sores are touched in the most careful manner.

The posterior part of the œsophagus, the tongue and velum pendulum palati, are sometimes attacked with venereal ulceration ; and they sometimes appear singly, without any other symptom of lues ; but most frequently in combination.

It is often difficult to discriminate a large ulceration of the tongue from one of the cancerous kind. If any previous symptoms of Lues, though they may have been of a very old date, even some years back, when joined with the appearance of the sore, should induce the practitioner to suspect the case to be venereal ; he will certainly determine on that side, where the greatest probability of success from medicine lies ; and, in a doubtful matter, knowing that a cancerous sore is incurable,
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he will watch the effect of mercurials before he absolutely settles the diagnosis : and if under these the symptom mends, though it be not cured, he may in general be assured that the case is venereal ; and that he only need push the medicine to the utmost to effect a perfect cure. I have seen two remarkable cases, one of an ulceration of the tongue, another of an ulceration of the cheek spreading towards one corner of the mouth, both of which were said to be cancerous ; but which yielded to salivation : though a previous less powerful effect from mercury had in both instances failed.

VENEREAL OPTHALMIA.

It is almost as difficult to convey an adequate idea of a true venereal ophthalmia, by words, as it is to describe the various forms under which a venereal eruption shews itself. It may however be generally known by a peculiar fullness, redness and slight turgescence of the vessels of the tunica conjunctiva and cornea, with a want of lustre and clearness in the latter.

The edge or circle, formed by the junction of the conjunctiva and cornea, appears thickened, and of an ash colour slightly tinted with red ; which appearances are strongest and most conspicuous on the inner part of the circle, towards the cornea ; more faint on the outer part toward the conjunctiva ; in which they are imperceptibly lost. It is sometimes so painful as not to bear the stimulus of light, but most frequently otherwise ; and this last species is more dangerous than the first, not because its progress is so rapid, for it seldom is ; but because when a patient suffers but little pain from light he is apt to treat the disease with inattention ; by which the proper time for removing it is too often lost. In two instances, of a neglect of this kind, I have known incurable blindness follow, though the inflammation was at length removed ; but not sufficiently early to prevent such an unfortunate consequence. In this inflammation there is not a moment to be lost, it should be relieved as soon as possible, by the most powerful and decisive remedies ; and if it

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is not, it will most frequently do irreparable injury.

The venereal ophthalmia is most likely to be confounded with that arising from scrophula, to which it bears a very strong resemblance. In persons not scrophulous, it may in general be distinguished by the want of that inflamed appearance of the ciliary glands, which often attends habits of this kind; by the absence of other scrophulous symptoms; and by its having been lately, or at a former period, (though perhaps a considerable time back) preceded by some one or more primary or secondary syphilitic symptoms. The metastasis which gives rise to this species of ophthalmia is venereal, in every sense of the word, and has the same common character with that which gives rise to other secondary symptoms: it must not therefore be confounded with that ophthalmia, which is said by Van Swieten and others, sometimes to attack the eye, in a gonorrhœa virulenta.

VENEREAL SARCŌCELE.

This symptom may be an indolent enlargement of the epididymis or of the body of the testicle, but most frequently both these parts are so blended together, in this venereal affection as to form seemingly one and the same general tumor. It is distinguishable from the hernia humoralis, in gonorrhœa, by its indolence, want of inflammation, by its coming on after the usual primary symptoms of the Lues Venerea, at a late period ; and by its not having been lately preceded by any of the symptoms of a clap.

It may be easily mistaken for an indolent schirrus. When the affection of the testicle is the only symptom, the discrimination is sometimes so difficult, that nothing, but its giving way or proving rebellious to a full and fair operation from mercury, can decide the matter ; and nothing, short of the same operation, can point out the difference between it and the worst species of hæmatocele ; namely, that in which there is a grumous dissolution of the whole
body

body of the testicle, under the albuginea.* It is generally found with some other venereal symptom, as eruption, venereal pains, node, &c. unless when the metastasis attacks both testicles; in which case it sometimes occurs without any other venereal symptom,

R H A G A D E S

Are either moist or dry, hard, scaly excoriations of the clefts in the palms of the hands; and sometimes of the soles of the feet:

* A gentleman from the West Indies was, some years back, under my care for a large indolent enlargement of one testicle, and the epididymis seemed to be comprehended in the general tumor. There was no reason to suspect a cancerous disposition in the habit, but great reason to suppose that his present complaint was venereal. Upon that presumption I recommended a mercurial course, under confinement. The medicine was fairly urged to the proper point; but it produced no alteration in the state of the tumor. Having suffered the effects of the mercury to subside, I proposed the removal of that testicle, to which he submitted, and obtained thereby a cure. Upon examining the testicle after removal, the disease appeared to be that species of hæmatocele, which is spoken of in the text.

feet : they are generally attended with other symptoms, clearly venereal, but not constantly. They appear with the copper-coloured hue, and are frequently blended with small venereal blotches ; they are seldom stationary, but come and go, till some other, more considerable, symptom takes the lead ; in which case they sometimes disappear entirely.

I know of no disease, with which this symptom can be confounded, but a species of leprosy, which sometimes attacks the same parts : the venereal affection is strongly marked with the copper hue, the leprous is not. The latter is a large, thick, white, hardened kind of crust ; the venereal, though somewhat scurfy, is not so dry, is yellowish, and more like a common fissure or chap of the skin.

ERUPTION *and* NODES

In the former part of the natural history, I endeavoured to describe the symptoms which generally ushered in a recent venereal eruption : and, after considering the eruption itself, I noted the consent between
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the skin and internal surfaces, and shewed in what manner the disposition to a nodous affection commenced: the preliminary or attendant symptoms. The eruption itself and the nodous affection I am now to consider, when they appear at a later period. This period is arbitrary: it may be within six, seven, eight, ten or more months, or at the distance of as many years from the original receipt of infection. As in other cases of secondary symptoms, so in these, the fomes morbi having acquired, by time, a superior degree of acrimony or exaltation, at length compleats its fermentation; and having gained sufficient strength to manifest its true nature, a venereal eruption or node, with their usual concomitants, are the consequence. These symptoms may also appear either singly or in combination. Thus the same person who has venereal blotches, may have also a node or two, an ophthalmia, &c. or he may have only a node, or an eruption, and so on. But, be the symptom what it may, the attack is for the most part unexpected and sudden;

the patient himself, from the length of time which has elapsed since his supposed cure, having no suspicion of latent venereal mischief: and the progress of such a symptom is generally rapid. Thus, if an eruption takes place, it is often a considerable one; and the pains, which precede it, are not only violent, but, if the eruption is small, they continue with little abatement; notwithstanding the diversion made towards the skin by the pustules: and, in such a case, the inclination towards a nodous affection is strong, and predominates over the eruption. If a node is actually forming the fixed pain, which leads to it, is almost insupportable; and often speedily terminates in an affection of the subjacent bone.

With respect to the pains, which generally precede a late venereal eruption, they very much resemble those of the foregoing division. But in proportion to the length of time elapsed since the original infection, and to the predisposition in the patient's habit, so are they more or less violent. They are felt in the pericranium, scapulæ, humeri,

humeri, bones of the fore-arms, thigh bones, tibiæ, and fibulæ, in the knees, sometimes in the ribs, and also in the ankle joints, shooting through them from within outwards; like the eruptive symptoms formerly mentioned, they are at first superficial and wandering, attacking alternately the joints, the periosteum, or muscular parts of different limbs. They are evidently worse at night, and according to the date of the disease and continuance of the pains, so is this nocturnal exacerbation more or less remarkable. If a large number of pustules break out the pains generally subside, (unless a nodous affection is actually formed on some particular bone;) but if this eruption is checked, and the disease not cured, then the pains return with more violence than ever: they soon become fixed to the periosteum of particular bones, and nodes arise in consequence. It is probable that the pains, the eruption, and nodous affection of the periosteum, would follow each other in the order I have placed them, if the disease was left entirely to nature. Thus the pains would subside for a time

upon

upon the complete eruption ; the pustules would continue for some weeks, or perhaps months, on the skin, gradually undergoing a kind of maturation, and when the disease had in some measure spent itself on the skin ; then, and not till then, the affection of the periosteum would take place. But, if mercury or other means are used, in an insufficient manner, to cure the disease, then this natural order is immediately changed. The venereal poison being repelled from the skin, cannot remain long in a dormant state, either in the blood or attached to the nervous power : and, if it produces no other secondary symptom, the next stage of the disease to an eruption is the nodous affection, and this, therefore, generally follows.

In an early venereal eruption, we have said, there always exists the disposition to node, though the latter does not appear : but in a late eruption this disposition is probably much stronger, because there is a regular gradation in the symptoms of the disease ; and the older its date, the nearer is it in approach to that stage in
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which a node would naturally arise. Perhaps one reason why a node, when it breaks out some years after the original infection, is the only symptom, may be, because the time, or natural period, at which a venereal eruption, a sore throat, or other more early secondary symptom would have come on, is past and over. The same, I apprehend, may sometimes be said of an ozæna, and venereal affection of the bones themselves. In this way the disease sometimes skips over or avoids the more early secondary symptoms, and shews itself at a very late period, after the original infection, by one of an older date. It has been remarked that when there were but few pustules on the surface, the venereal pains were often uncommonly severe: I have observed this, particularly in old poxes and in cases where one would, from the length of time elapsed since the original infection, rather have expected to find nodes or gummata than an eruption.

In one case, I remember, a very considerable venereal eruption was thrown out, seemingly by that increased circulation
which

which attends an ordinary abscess, many years after the infection from which the eruption took its rise; the intermediate symptoms having been pains, and a venereal ophthalmia.

In another case, a number of painful nodes appeared, nearly in the same manner as the foregoing eruption, the patient having been many years infected, without knowing his real situation. A fever, whose cause I could not precisely ascertain, probably by increasing the circulation, put the venereal matter into action: a deposit was made on each tibia, and a number of very painful nodes were the consequence. But there was no intermediate eruption, nor any other remarkable symptoms, from the original chancre to the rise of the nodes, though the period was six years.

Vigo says, that the pains sometimes arose with the eruption, or at least six weeks after its appearance; from which pains, sometimes a long time after, viz. after a year or more, certain scirrhus kind of hardnesses, like bone, would come on; from which the sick were tormented
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with pains that made them cry out, particularly in the night; but which were relieved in the day time. And he adds---
 “ Cujus doloris finis ferè semper fuit os
 “ et almochaten corrumpere, et vitiare,
 “ quem-admodum in ventositate spinæ
 “ accidit.” This author was in the habit of employing mercury, and therefore his observations do not enable us to ascertain what was the natural progress of the disease in the formation of nodes. Those who wrote anterior to him have not (as far as I have been able to examine) mentioned the symptom. It is therefore difficult to say what the natural rise and progress of it was. As I have never seen it myself, but after the unsuccessful use of mercury for other symptoms, I have ventured elsewhere an opinion that it is probably modified, as we now see it, by this remedy. That it is one of the symptoms of the disease is certain, but its present progress is not, I believe, precisely what it was before the use of mercury, and consequently its course at this day cannot be perfectly natural. It will appear, when we come to
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treat of the anomalous symptoms, that, in a very particular case in which pains came on after a venereal eruption, the eruptive symptoms, which were slight, arose before the breaking out of the pustules and then subsided: but that the pains, which more evidently shewed an affection of the periosteum, came on at the distance of six months from the receipt of infection, and three months from the eruption. But here perhaps the first doses of mercury might have so modified the eruptive symptoms, as to make them slight; and the subsequent treatment might have so changed the natural course of the disease, as to produce an affection of the periosteum, at a period later than natural. The early, as well as some respectable modern, writers inform us, that the pains sometimes preceded the eruption, that they sometimes came on with it, and sometimes followed it.* This variation, I apprehend,

depends

* “ Præter prædicta omnia, quasi parva illa forent,
 “ ingentes lacertorum dolores accedebant, sæpe cum
 “ ipsis pustulis, interdum ante, nonnunquam post,
 “ et ipsi quidem diuturni; quibus nihil crudelius
 “ aderat;

depends on the date of the disease, and the effects which the unsuccessful operation of the remedy has had on it. The time of the appearance of nodes, as well as of eruption, must therefore vary in different cases exceedingly, and admits of great latitude. It may be within a few months, or at the distance of several years, from the original infection. It has been remarked that nodes usually break out in the centre, or nearly the centre of the larger cylindrical bones; but they are by no means confined, either to those parts, or to such bones: for they do very frequently arise on different parts of the cranium, both on its outer and inner surfaces, on the fibulæ near their lower extremities, on the tibiæ near their upper extremities, on the ulnæ near the wrists, or near the olecranon, &c. And I believe that the venereal affection,

“*aderat: affligebant præcipue noctu, dolor autem non proprie in juncturis inerat sed circa lacertos ipsos et nervos. Verum quibusdam nihilominus, sine dolore ullo oriebantur pustulæ; quibusdam, sine pustulis dolores; major pars utrisque affligebatur.*” Aphrodisiac, Fracastor de Morbo Gallico,

tion, which sometimes destroys the ossa palati and vomer with caries, is a species of pustule or node by which the immediate covering to these bones becomes either thickened or exulcerated, and that the caries, which destroys their substance, is a secondary effect, produced from the diseased covering, and taking place in consequence of the structure of these bones, being too delicate to admit of exfoliation.

During the formation of the *early* eruptive symptoms I have supposed that there is always a disposition to node, which becomes stronger at, and after the eruption; and that it increases with the age of the pustules. When these symptoms, viz. the eruptive, prevail, the pains are wandering, and diffused over different surfaces; but when the pustules appear, they subside, either wholly or partially, and there is an interval of ease, or at least a remission. If the disease is suffered to run on, without a check, and in its natural course, this interval cannot be a long one; though it may continue for weeks or even months; for pains will come on, afterwards, as it were de novo,

novo, of the same general character with the eruptive symptoms, new modelled however, by the continuance and length of the disease; and these, after tormenting the patient for some time, become at length fixed, and end in nodes.

The symptoms preceding a *late* eruption are very similar to those of an early one; and there is sometimes the same kind of interval, or remission, when there is a large crop of pustules. But where the number is small, the tendency to node, from the long continuance of the disease, being often stronger than the tendency to eruption, the metastasis makes its ravages principally on the internal surfaces, the centre of one or more bones of the cranium, or long bones, become the seat of the pains; which are of the tenfive boring kind, exceedingly acute; accompanied with tenderness, during the paroxysms; often trifling by day, but excruciating during the fore and middle parts of the night: and when the tibiæ are affected, there is sometimes a sense of weariness, and great uneasiness on walking to any considerable

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distance. In this manner the pains may continue for some time, without producing any perceptible local injury. And in this case, the interval, if mercury has been used, is sometimes a long one; of the duration even of years: the patient, in the mean while, enjoying a tolerable state of health; or feeling at times what he supposes a common rheumatism. The pains however, either suddenly when no venereal injury has been suspected, or gradually when it has, become fixed to particular parts of the bones.

When fixed they manifest their immediate effects in two ways; and the subsequent affection of the membrane is either diffused or circumscribed.

In the first case, the pain, when it attacks the periosteum of a long cylindrical bone, often extends from one end of it to the other; and seems as if bounded by the epiphyses only. To such an extent of pain there is a tenderness, which is soon followed (if not timely remedied) by a puffiness of the periosteum retaining the impression of the finger; which puffiness terminates,

minates, in some cases, by a sloughing of the membrane, and sometimes not. This species of node has, by one of the early writers, been said to be gummatous, or soft, in contradistinction to the circumscribed node, which was said to be tophaceous, or hard.

The hard circumscribed node is the most common ; the nodous affection generally begins with this appearance, and if it continues any considerable length of time, frequently extends itself all along the surface of the bone, to the extent of some inches ; and if the disease is situated on the tibia, in a direction towards the upper extremity or head of that bone ; to which extent, there is first a tenderness, and afterwards a puffiness resembling the gummatous species.

Most frequently the disease is confined to the periosteum ; and upon the introduction of a proper quantity of mercury, in a proper manner, the tenderness, pain and puffiness of the one species ; the pain, hardness, elevation and circumscribed appearance of the other ; go off entirely.

But in the last species it sometimes happens, that though the fairest and most judicious use of the remedy may have been adopted, and though the pain and other concomitant venereal symptoms may have ceased, yet the elevation still continues and seems to have acquired the solidity of bone. This I call an exostosis ; it was, no doubt, originally a venereal affection of the nodous kind, perhaps of the periosteum only ; but which, by the long continuance of the disease, or by the concurrent operation of circumstances to me unknown, is become at length an affection of the bone itself. And the distinction which I would make between node and exostosis is this, that the one is a venereal affection of the periosteum covering the bone ; the other an excrescence, or expansion of the bony plates themselves ; proceeding however, either from a previous nodous affection of the periosteum, or from the long continuance of the disease. When a collection of venereal matter has continued long on the surface of any bone, it gradually insinuates itself into its very substance.

substance. Thus from the surface it may extend to the diploe ; thence to the inner table of the cranium ; and from the outer to the inner, cancellous parts of such a bone as the tibia, &c. and in this way render the bones of each part completely carious. A venereal node, wherever situated, may be always known by the nature of the pain, preceding or attending its formation ; like some other venereal pains it is sometimes felt by day as well as by night : but the violence of the paroxysm (if I may be allowed that expression) lasts principally during the fore or middle parts of the night. However it is at other times more completely nocturnal ; the patient either feeling no pain by day, or such a slight degree of it as is disregarded. We have instances of the first kind of pain, during the rise of a considerable node, whilst the membrane is in the act of elevation, and kept upon the stretch by irritation : and of the second, when the node, after having past its inflammatory stage, has become puffy and proceeded to a kind of imperfect suppuration.

Not only by the pain, and other concomitant or preceding venereal symptoms, may the hard, circumscribed node of the tibia be generally discriminated from all differing kinds of tumors, but by two other circumstances also : the one is a kind of hardened chord, which is sometimes to be felt going in a transverse direction from behind the outer edge of the tibia towards the tibialis anticus muscle ; which, when present, is a certain indication that the node is venereal. It must be however remembered that this kind of chord does not always disappear entirely, upon the disease being cured. The other circumstance is the firmness of the tumor, or its want of mobility over the surface of the periosteum.

The various forms, under which this symptom sometimes appears, are very remarkable. It is impossible to describe every variety. But a few more instances will make the diagnosis more clearly understood, and throw some further light on the natural history of the disease.

A gentleman who had had a violent bilious complaint in Bengal, was reduced
almost

almost to death's door : formerly he had had venereal symptoms, of which he believed himself cured ; and the only suspicious ones he had, previous to this bilious affection and whilst he was in that country, were ulcerations of the tongue, excoriations behind the ears and between the toes, about the anus, and on the prepuce with some degree of phymosis. He was reduced so much, by the bilious discharges, that he could no longer receive nourishment by the mouth, but was kept alive by the bark, and nourishment given per anum. In this weak state, by the assistance of a servant, within the space of thirty-five days as many doses of mercury were introduced into the habit, in the way of friction. During the last six days an attempt was made to give the medicine by the mouth, but it irritated so much that he was obliged to leave it off : the frictions produced redness of the gums, but neither spitting nor tumefaction of the salivary glands : under this course however he gained strength ; and whether the ulcerations and excoriations were simply the

effects of acrimony, in a hot climate, or of the disease : the fact was that, at the expiration of the course, they were healed. But in little more than a fortnight a swelling arose in the left groin, he then entered on a second course, and used frictions again for thirty days : the bubo suppurated and healed ; the mouth was not by this course at all affected, but the perspiration was increased. After this, he embarked for England, had sea sickness, followed by a considerable flux of saliva, but without ulceration, or the usual concomitants of salivation. He was five months on the voyage, during this period the bilious complaint frequently troubled him ; his bowels being sometimes lax, sometimes costive ; and in this state, greatly emaciated and debilitated, he reached England. He was advised to go to Bath and to Bristol ; from the latter he received no benefit, and the former increased his weakness, and gave him violent cramps in the calves of his legs ; his bilious complaint still continuing in statu quo. From Bristol he embarked for Ireland, eight months after he had

had left India : he was shipwrecked on the coast of Wales ; and was, in consequence of this, very much exposed to cold : his bilious complaint became worse, but by medical assistance he was again relieved and gained strength, although by no means his former state of health. In this situation, after walking to a considerable distance on the preceding day, he was suddenly seized, in the night, with excruciating pains along the shin bones ; which continued day and night for more than a week. When the violence of the pain, and what he conceived to be inflammation, abated, a lump or node came upon each tibia, to which emp. mercur. was applied : after this, the nodes became more painful, and a kind of suppuration took place within them, which broke externally. At the time he came to me, which was some months afterwards, the nodes were somewhat fallen from what they had been ; there was an opening in each leading to a thickened periosteum, and on one of the legs the membrane, for some inches above the node and towards the knee, was doughy and

and diseased, and felt as if it had, in that part, sloughed and produced a cavity in the bone. Confinement and a mercurial course, continued for seven weeks, cured him without supervening or attendant exfoliation ; and without the disagreeable necessity of laying the bones bare : he recovered his strength surprisngly fast, had no return of any bilious attacks ; and, at this time, enjoys perfect health.

Another person, who had been married six years and had a healthy child of three years old, consulted me, ten years ago, for a tenderness and pain which he had felt for many months on the left temporal bone ; upon examining it there was no discolouration, no tumor, nor external opening, but for the size of a shilling there was a doughy, irregular kind of feel, as if the bone had been depressed, or had mouldered away, in that particular spot : it was at all times tender, and he felt a slight degree of pain in the day-time, but it was most painful at night : he had no other symptom whatever. Upon the presumption that his case was venereal, I confined

fin'd him clofely to his chamber, and falivated him : the mercurial procefs went on very kindly ; and I had no occafion to do any thing locally to the fymptom ; the tendernefs, the pain, and uncommon feel went off, and at the expiration of two and twenty days he was well. I had an opportunity of feeing him fome years afterwards in perfect health. This patient dated the commencement of infection before his marriage, fo that the difeafe was of more than fix years ftanding, and the original fymptom, to which he attributed the affection of the head, was a chancre.

When the difeafe has remained in the habit for a confiderable length of time, more efpecially if a venereal eruption has preceded, the fymptoms which arife may be wholly confined to the periofteum and bones. Sometimes little diftinct elevations may be felt on different parts of the cranium, and alfo on other bony fufaces ; which, after undergoing a kind of imperfect fuppuration and breaking, fubfide for a time and return again : fometimes they come and go without breaking : but it
more

more frequently happens that these elevations are large, and fixed to the parts on which they first appear. I was once under the necessity of dividing a node on the cranium, and to my surprize the wound, though made in a person very much diseased, healed as any other wound would have done, without mercury. A man, having had a severe fall from an horse, wounded the integuments of the head slightly, he was stunned for a time, but soon recovered and continued tolerably well a few days; he then became feverish, complained much of his head and could get no sleep: the wound had clearly no connexion with these symptoms; but upon examining the head I found a tumor on the os frontis, at a considerable distance from the part injured; tender, elevated and about the size of a small egg. The patient assured me that he had had this tumor for some time previous to the fall, and had also had others of the same kind on different parts of his head; which, to use his own words, came and went; and on further enquiry I discovered nodes on each
tibia,

tibia. Though I believed the appearance in question was a node, yet as the febrile symptoms continued, I laid the tumified part bare : there was no fracture, but the pericranium was separated from the cranium, and the surface of the latter was rough for the breadth of a sixpence. When the general symptoms were removed by rest, evacuations, &c. the wound of the node healed very kindly, in a few days. This man had been diseased for four years.

What appearance the surface of a bone, on which there is a node of this sort, generally has is difficult to say ; but this had evidently the copper hue of an external venereal pustule. Perhaps all nodes are internal pustules, in some respects analogous to those we see on the skin, and like them they are sometimes short-lived and transitory : they are at first slight elevations of the periosteum only, which in time proceed to maturation, and when that takes place the periosteum separates from the bone. How far the mere pressure of a node may act in producing a caries of the subjacent bone, I cannot say, but it is probable

bable that whenever a morbid fluid is confined under the periosteum, which is I believe often the case, it will act upon the natural gluten of the bones themselves : I mean by the term that membranous and vascular substance, which connects the bony plates or calcareous particles to each other : in consequence of which action the bone becomes brittle. The appearances of diseased bones, from a venereal cause, seems to strengthen this theory ; for they often appear as if reduced to mere calcareous earth. Be that as it may there can be no doubt of the disease sometimes rendering the bones brittle : but it can only take place at that period which I am now describing. I knew a gentleman who had been for many years dreadfully poxed without knowing his real situation : at one time he broke a leg, and at another an arm, merely by a sudden exertion of the muscles of those limbs. It has been supposed that a mollities ossium was also sometimes the effect of this disease ; but I could never meet with a satisfactory proof of it. Where a person has been much dis-

cased,

eased, and used very large quantities of mercury in the alterative way, which has not been evacuated by any one outlet, particularly by its proper one, the salivary glands; but has continued in the habit, stimulating every part of the system for a great length of time; then, I think I have seen something like it; (*Vide Anomalous Symptoms*) and my idea is, that mercury, when used in this manner and retained in the system, may, in a few instances, cause so strong an action of the absorbing lymphatics, as to enable them to take up a portion of calcareous earth from any bone of the body. Perhaps the use of spirituous liquors, during a long continued and free use of mercury, will give this strong action to the lymphatic vessels. Venereal ulceration beginning primarily, in consequence of disease or metastasis from the surface, on the periosteum only, may ultimately affect the subjacent bone with caries; which is sometimes so complete that nothing but exfoliation, after the disease is subdued by the general remedy, can effect a cure. But it also happens sometimes that
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the disease of the bone, whatever it be, yields with little trouble to the general action of the medicine, without the necessity of exfoliation.

In the fœtus the periosteum is very evidently continued over the joints ; and forms, what, in the adult, anatomists have called, perichondrium : it is therefore no wonder if this part sometimes becomes the seat of a venereal deposit ; nor are the cartilages themselves, though in structure materially distinct both from periosteum and bone, wholly exempt. Large gummatous kind of swellings, evidently from a venereal cause, do sometimes affect the elbow, the knee and ankle joints. Nearly allied to tumors of this kind are, what are called, gummata, on the aponeurotic and muscular parts : for example, on the muscles of the outer part of the leg, or fascia lata of the thigh. They are sometimes small distinct bodies, somewhat like encysted tumors ; sometimes nearly the whole of a large muscle, with its aponeurotic covering, is thickened and enlarged, so as almost to equal the hardness of

of

bone; and I have known an enlargement of this kind affect a considerable portion of the triceps extensor cubiti, but it is not common.

I have shewn in what manner the periosteum, when diseased, from a venereal cause, may affect the bones: and I have hitherto supposed that the injury occupies only the large, cylindrical, or more solid bones; parts which, though sometimes rendered carious by disease, do most frequently admit of a cure, either with or without an evident exfoliation. But unfortunately, it sometimes happens, that a nodous affection attacks the smaller, more spongy bones, whose very delicate structure seldom admits of exfoliation: and whether pressure or erosion be the immediate cause of the caries, the bone from its thinness, as well as sponginess, is soon destroyed throughout. In this way the bones of the palate, vomer, os ethmoides, the bones forming the bridge, and sustaining the cartilaginous parts of the nose, may be irretrievably injured or lost. When any one or all of these effects are produced by

a metastasis or depofite of venereal matter, I call the affection a

VENEREAL OZÆNA.

The principal remark I would make on this ſymptom is, that it is ſometimes ſo malignant in its nature, and ſo rapid in its progreſs, that the bones attacked are actually deſtroyed in ſome few inſtances as ſoon as the ſtate of the caſe is clearly known; and in others, before the ſpecific can poſſibly be uſed for a ſufficient time, or with ſufficient effect, to check the diſeaſe. Theſe, therefore, of all other caſes, require the moſt careful attention.

When the os frontis, in conſequence of a previous node, becomes carious at its lower and middle part, juſt above the root of the noſe; and that caries is of conſiderable depth, through the outer table of the ſkull, the diſeaſe may inſinuate itſelf thence, inwards, to the os ethmoides and bones of the noſe, and be the fore-runner of an ozæna of the moſt alarming kind. Pains deep ſeated in the palate, or bones of the noſe, more eſpecially if they are
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felt towards its root, either without or with a purulent and fetid discharge, be it ever so trifling, or small in quantity, when not the effect of catarrh, scrofula, or scurvy, are circumstances strongly suspicious. It is very seldom that an ozæna comes on without other manifest venereal symptoms, and it is generally an easy matter to determine from the history of the case, what the remote symptoms were, and how far the means used for their removal were equal, or incompetent to the cure of the disease. To the symptoms just mentioned, as leading to a proper diagnosis, may be joined the circumstance of the patient having formerly had symptoms truly venereal; his having had ulcerations about the fauces which were supposed to have been cured; or his having at the time of examination any marks of ulceration within the *alæ nasi*; or appearance, of the verrucous kind, within the nose.

It must be carefully distinguished from the ozæna, described by Celsus; from the effects of bad teeth; from scurvy,

scrofula, and from that kind of abscess, which sometimes forms in the antrum highmorianum.

There are a few other symptoms, which though not strictly speaking venereal, are yet the consequences of the lues venerea.—It is necessary to note them on two accounts; in the first place, they will often assist the practitioner in forming his diagnosis of the disease, and in the next, as some of them indicate a general indisposition of habit, they require on that account a particular attention.

* Fallopius tells us, that a lassitude and flying pains came on in his time, immediately upon receipt of infection; these symptoms I could never distinguish.

Paleness of the face and fallow complexion—these appearances of the countenance sometimes occur in the primary stages of the disease, and they are then, I believe, generally produced by local irritation and the general effects of the specific on the system. But they are also discernable, when the constitution has
been

* Vide Aphrodisiac, page 780.

been long harrassed by secondary symptoms. In like manner, emaciation, grief and dejection of mind are sometimes observable in the primary symptoms, but they are most conspicuous in those who have had symptoms of the secondary kind, for a great length of time.

In the last stages of the disease, when the habit is thoroughly vitiated by the poison having remained long unsubdued, besides the above, other symptoms take place. The whole body frequently becomes unusually irritable—there is a quickened pulse, a proneness to anger, and seemingly an universal agitation of the nervous system—but I have sometimes known the other symptoms take place without the quickened pulse. The daily paroxysms of pain which come on with an exacerbation every night—the want of rest—the open, or lurking ulcerations in various parts of the body—cause this irritability, and impede, perhaps contaminate, the functions of every secretion; and in this way, may an atrophy or hectic be produced.—

Perhaps in the East Indies and other hot countries, where the disease is in some measure modified by climate, and appears in forms, not usually found in northern latitudes, it may give a strong pre-disposition to copious biliary discharges, and to other affections of the liver. However, I do not say that the common endemic diseases of the east, are not diseases of climate, independent of venereal infection. But I have remarked that, those who have fallen under my care, for old poxes contracted there, have been remarkably bilious, and the cure of the latent poison, by mercury, has also proved the cure for the biliary affections. I think also, that I have seen a like pre-disposition, to biliary affections from the latent disease contracted in this country, when the person infected has never visited any other.

ANOMALOUS SYMPTOMS.

HAVING in the foregoing pages endeavoured to describe the primary and secondary symptoms of the lues venerea; all of which must be considered as certain, and indubitable signs of infection; order now brings me to the equivocal symptoms. By the term I mean those, in the production of which the specific effects of the remedy have strongly predominated over the natural progress of the disease; which has been so far weakened by art, as to render the syphilitic appearances doubtful. And in some of these cases, I believe, the latent sparks of the disease are blended with the suppressed, and irregularly conducted effects of the remedy.

The interval between the removal of a symptom clearly venereal, and the recurrence of the disease in a new, or in its original form, is often a long one. Many instances might be adduced to prove the frequent return of venereal symptoms, at the distance of many years, from the time at which infection was received originally.

ally. That the interval may sometimes pass away without any evident symptoms of lues, or sensible appearance of ill health is, I believe, certain. But it is no less true that, a careful observer will frequently be able to discover the features of the monster, under the great variety of disguises it will sometimes put on.— In order to this, however, a very clear and critical knowledge of the disease, as well as of the immediate and remote effects of the remedy, seems necessary. The man who has never known a node, or a venereal eruption, appear at the distance of five, or more years, from the original infection may, perhaps, doubt the fact: But it is a fact notwithstanding, and happens much more frequently, than has been generally imagined. When a venereal symptom comes on at a late period, it is not only very difficult to cure, but it is sometimes very destructive in its consequences. It is, therefore, a matter of the utmost importance to point out the intermediate symptoms, those, I mean, which exist in the habit, as a fomes morbi

morbi in the interval between the supposed cure of an original venereal symptom, and the return of the disease in a more complicated form.—That this may be done, in many instances, I am satisfied from experience: that it cannot always be done, I deplore as a misfortune. Without attempting to give a regular account of what I have called the anomalous symptoms of the disease, I shall briefly lay before the reader a few observations on this very intricate subject; leaving it to time and the industry of others, to complete what I feel myself unable to execute with precision. The difficulty ought not by any means to deter us from prosecuting our enquiries with ardour. It is well known that, not only the worst secondary symptoms, but incurable deformity, blindness, and even death have followed from imperfect cures of primary symptoms of the disease in the first instance; and from neglect, or ignorance in the second; in suffering the intermediate, or anomalous symptoms, to go on exerting their baneful influence on

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the constitution, without a proper check. A few instances will put the importance of the present subject in its true light.

Some years back, I was desired to attend a gentleman who had an abscess *juxta anum*; it was one of those depositions of matter, which nature sometimes forms, to give relief to a distempered habit, and may therefore be said to be critical. There was nothing in this part of the case that was uncommon. But he had besides this, over his whole body one of the most rank venereal eruptions, I had ever seen. Upon interrogating him as to his former state, I found, he had been unhealthy for many years; a long time before this, he had been frequently clapped; about eight years previous to his present illness, he had had a chancre and bubo; which was the last time he had been injured, and of these symptoms he supposed he had been perfectly cured; some months after this cure, he felt what he had never before experienced, rheumatic pains; about two years from this infection, he was suddenly seized with
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an inflammation of one of his eyes, which gave way to the usual remedies; but when the inflammation went, he found to his unspeakable concern, that he had totally lost the sight of that eye; he said he had been deaf of one ear for some years, and that the eruption, which I then saw on his body, had come on suddenly, during the present illness; and whilst the matter was forming *juxta anum*; and it was probably thrown out by the symptomatic fever.

Having compared this man's account of his ophthalmia, with some others of the same kind since seen, I have no doubt of its having been venereal. The pains he took for rheumatism, so long before the appearance of this inflammation were probably venereal also, and if they had been attended to in time, not only his blindness, but in all human probability, the consequent ill state of his health would have been prevented.

A young gentleman, who had been for some years infected, was attacked with a venereal ozæna. The means employed
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for his cure were an alterative course, and the occasional use of a cinnabar fumigation to the part. The person under whose care he had been, supposed him well; but in about thirteen months, the symptom returned with more violence than ever; the ulcerations were to the highest degree, malignant, and hourly doing irreparable injury among the bones of the nose and palate, &c. he was exceedingly emaciated, and inclined to be hectic. The most judicious means to check the progress of the ulceration and putrefaction were used, without effect. The disease continued to make its ravages in spite of every thing that was done, till it destroyed him: death taking place, before his mouth could be properly affected.

A woman in one of the hospitals in Southwark, many years back, was under salivation for the cure of some secondary symptoms. At a time when every danger seemed to be over, and she appeared to be getting well by the use of the remedy; her chin suddenly dropt on her breast, she

she died in an instant, and without a groan. Upon dissecting her body, it was found that the processus dentatus of the second vertebra of the neck had been broken off, in consequence of a venereal caries, and that the pressure, which this accident made on the medulla spinalis, was the immediate cause of her death.

These few instances are sufficient to shew the great importance of the present enquiry, and clearly point out that, the remedy when employed in a partial, incomplete manner, sometimes acts as a most delusive palliative; and that the fire it does not ~~extinguish~~^{extinguish}, will be smothered for a much greater length of time, than has generally been imagined; and it is equally evident, that if we were thoroughly acquainted with the anomalous symptoms, those I mean, which shew themselves in an equivocal manner, between the suppression or supposed cure of a venereal symptom, and the manifest return of the disease in an unequivocal form, we should very frequently be able to prevent the very worst consequences. The
primary

primary symptoms of the lues venerea are very easily conquered; so are many of the secondary. It is principally by time, and procrastination that, a cure becomes difficult. It must be confessed that, it is often no easy matter, to discover the disease, when masked under an anomalous appearance. But when it can be once ascertained, I am of opinion, that the action of the remedy will be as certain in its anti-venereal effects, as is any of the more fairly formed symptoms. If to this, it be urged that, mercurial courses are frequently entered upon for the cure of anomalous symptoms, and after all, do not cure. My answer is, "No action of the remedy, short of a very decisive and full operation, can cure even the mildest of these symptoms, therefore less powerful effects can be of no permanent use." These will indeed frequently produce a temporary removal of symptoms, which will either recur or change their form, the *disease* still remaining unsubdued in the habit. This I have so frequently seen from partial methods of cure that, I am convinced

convinced there can be no hopes of serving a patient effectually in late symptoms, like those I am about to describe, which have taken deep root in the constitution, but by urging the medicine, both as to effect and quantity, as far as it can be carried with safety.

In all equivocal cases, in which there is reason to suspect a latent venereal leaven, but without any one striking external symptom of lues, perhaps there can be no other test or means of ascertaining, whether such leaven exists in the habit as a fomes morbi or not; but by causing the medicine to act upon the constitution, with all its anti-venereal power. A man, who has never tried the force of it, in this manner, can have but a faint idea of its operation; and if he forms an opinion, that symptoms like those I am about to describe are not relievable *by mercury*, because he has employed the medicine in a partial and incomplete way; without due regard either to quantity, or its effect on the constitution, he will be most certainly deceived.

Among

Among the anomalous symptoms, some are owing to the suppressed and remote effects of the remedy, when improperly used; some are the genuine effects of the disease, but appearing in a very irregular manner; and others, are the consequences of the disease after a cure by mercury, without latent venereal mischief. Of these three classes of symptoms, I shall principally attend to the least equivocal; those I mean, which continue to retain a portion of the original poison, notwithstanding a previous and very liberal use of mercury.

A medical gentleman, a native of America, five weeks after a suspected connexion, had an unusual itching on the glans of the penis. Upon examination he discovered two chancres of the apthous kind. The itching he had had for a few days before, but having no suspicion of injury at so late a period as five weeks, it was disregarded. The chancres were small in size, free from inflammation, and without any increased secretion of sebaceous matter. He put himself
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under an alterative mercurial course, taking calomel every night. Having taken this medicine for ten days, he found the chancers were becoming larger, and more irritable: he then used a calomel wash, which soon healed them and prevented an impending phymosis. This, was followed by an enlargement, and a tenderness of the lymphatic glands in both groins, but they shewed no tendency to suppurate. He went on with the mercurial internally, but in a careless manner; sometimes taking it, sometimes omitting to take it. At the expiration of three months from the time of infection, he was alarmed by the sudden appearance of a venereal eruption, after feeling some slight pains in his limbs and head, which he took for rheumatism; but which, were probably the venereal eruptive symptoms. From that time, he went on with the medicine in a more regular manner; but without confining himself to the house. His bowels being too irritable to bear a full dose of mercury internally, it was introduced

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into the habit by inunction. The venereal matter in this case passed into the circulation, without any further enlargement, or suppuration of the lymphatic glands. The greater part of the eruption disappeared upon the second friction; three pustules, however, still continued; and these, did not leave him for the space of three months longer; during the whole of which time he continued the frictions. His gums were not only made tender, but continued so, for many days; but he never had either a ptyalism, or what could be called a sore mouth. He had, however, the usual costiveness preceding the other effects of mercury; he was emaciated, and had at times so great a degree of languor and weakness that, he could not refrain from the use of vinous liquors; of which, however, he did not drink immoderately. He began with ung. mercur. fort. ʒi . he gradually increased the dose, without stopping; he performed each friction fairly, with his own hands, and the aggregate quantity used during the three months was immense.

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He had pains in various parts of his body, during the latter part of this period. But as they seemed to be rather the effect of cold taken at a time when his system was loaded with mercury, he attributed them to a rheumatic cause. Probably some of his pains were of that kind, for he underwent the course in the depth of winter, and was much exposed to the vicissitudes of that season. But he had others, which seemed to be venereal. These came on after the pustules had left the skin, in the last month of the course: they were transient, superficial, and occupied the periosteum only: and were felt sometimes on the pericranium, sometimes on the periosteum of one of the ulnæ, or tibiæ, &c. thus, at different times, attacking the surfaces of different bones without fixing any where: Sometimes he would be perfectly easy for a week or a fortnight, then a kind of paroxysm lasting for a day or two, in which the pains would in this manner shift and recur, took place: and drinking

or exposure to an easterly wind would sometimes bring them on.

He had noted a circumstance during the use of the frictions which I have seen in several other cases, namely, a prominence or slight enlargement, just above each frontal sinus; on those parts of the os frontis, which in the fœtal state are hard, and the central points, from which the ossific matter shoots in a radiated manner, to form a solid bone. And these parts were tender. I recollect once to have seen an evident depression of the os frontis on one of these central spots, produced as I conceive, not by the disease, but by the action of the medicine, occasioning the absorbents of this part to act so powerfully, as to take up a quantity of osseous matter; which depression filled up in a few days, and during the use of the remedy.

The quantity of mercurial ointment used during three months, I have said, was immense; for it amounted to a pound and a half avoirdupois. At the latter part of the course, when every vestige of the eruption

eruption was gone ; when the three pustules, which had continued so long obstinate, had not only lost the venereal hue, becoming of the same colour with other parts of the skin, but had left pits behind, resembling those which remain for life, after the small pox. When he was about to discontinue the medicine, thinking himself cured (for the pains he sometimes felt he attributed to rheumatism) he was seized on a sudden, with an universal itching, and wherever he scratched a kind of rash, as if he had been stung with nettles, or lashed by a whip, would appear. There was not only an itching of the skin, but of the periosteum of some of the bones, particularly of the ulnæ and tibiæ, throughout their whole length ; more especially near the olecranon of each ulna ; and on both these spots, there were evidently depressions of bone, which soon filled up and were followed by small tumors, which seemed to be attached to, or a part of the periosteum itself, and the fluctuation within them, felt very like that kind of extravasation, which some gouty persons are subject to ; which

is first, a gelatinous fluid, and if not dispersed, hardens by degrees into a chalk stone. There was one of these tumors on each elbow in the situation above described. They seemed for a considerable time to be immoveable, and a part of the periosteum itself, but after a few months this appearance altered, a separation gradually taking place between them and the subjacent bones. They became harder, moveable, and were at last perfectly detached from the periosteum. They now seemed to have been thrown off from each bone, and were making their way towards the skin, under which they might be felt like two small bullets; the finger passing with ease between them, and the periosteum under them: they occasioned no pain when pressure was not used—but if it was, they gave the same kind of uneasiness that other extraneous bodies would, when in immediate contact with that membrane*.

When

* These tumours continued for two years after the discontinuance of the mercurial course, and then imperceptibly wasted away, without leaving either tenderness, or the smallest appearance of diseased periosteum behind.

When the itching on these parts commenced, he experienced also similar sensations in the periosteum of other bones, besides the ulnæ; and these sensations were succeeded by a tenderness. In different parts of the pericranium; on some of the ribs; on the thigh bones; on the tibiæ and fibulæ; and in short on the surface of almost every bone of the body, a tenderness was at different times felt, almost to the full extent of the periosteum of each bone. But that of the left fibula was the most remarkable. It was situated near its lower extremity; and on that spot, for the space of more than two inches, the periosteum pitted, and received the impression of the finger, as readily as tallow. It was very tender, and occasioned both pain and difficulty in walking. The patient himself believed that, the bone had actually in this part lost its usual firmness, and had become soft.

Being satisfied that this man had during the last three months, used a very large portion of ointment, and performed the frictions properly. I was of opinion, if

the almost universal tenderness of the periosteum of which he complained, was really venereal, that no alterative course could serve him. I therefore advised him to desist from mercury, and patiently wait the result of time; he complied with this advice, and in a few days the general tenderness of the periosteum, together with the whole of the affection of the fibula ceased.—I was much surprized at this, and it occurred to me that, the symptoms might perhaps be accounted for in one of two ways; either that mercury (when thus freely used, under no particular restriction, as to air, exercise, diet, and drinking; and without any considerable increased secretion taking place from any one outlet of the body, and in particular from the usual one, that by the salivary glands) had a power of stimulating the absorbent lymphatics, so much as to make them take up a portion of calcercous earth from the bones themselves; and produce thereby a species of mollities ossium: or, that when employed in the manner and under the circumstances above recited, that it

actually

actually had a power of affecting the periosteum of different bones with ulceration or secession, similar to that, by which it ulcerates the gums and loosens the teeth in salivation. But be these circumstances as they might, notwithstanding the other effects produced, and the quantity of the medicine fairly used, I had still my doubts, as to its proper action on the disease, and I very ingenuously told him my suspicions. And I grounded my opinion on the idea, that, the eruption or pustules had been driven inwards by a few of the first frictions, probably on the periosteum and internal mucous surfaces. That there was of consequence a true metastasis of venereal matter to these parts; which the subsequent laborious treatment had not fully subdued; and which would probably in future shew itself by one or more decisive symptoms of the disease. The sequel of the history will prove that, however conjectural I might have been with respect to the suppressed effects of the medicine, I was perfectly right with regard to its action on the disease. For
very

very soon after the discontinuance of the course, he felt a very unusual itching about the anus. Upon examination, the part called the verge, and internal surface the rectum, as far as could be seen, was changed from its natural red, to an ash, or cineritious colour. And I believe it was either a beginning ulceration, or the prelude to excrescences of the condylomatous kind. To relieve himself from the itching, he daubed the part three or four times with a strong mercurial ointment, made with the grey præcipitate from calomel mixed with axungia. The itching and discolouration went, but were immediately succeeded by a new symptom, a violent pain of the nose, which was followed by a purulent discharge from one nostril, but small in quantity. Being now in a warm climate, he used mercury again in the alterative way, and after employing it for several weeks with decoct. sarsap. he discontinued it. The uneasiness of the nose was by these means considerably relieved, but not entirely removed till some time afterwards; when,
upon

upon the coming on of other symptoms, it ceased to plague him.

After this, being unable to confine himself and wearied out with the ineffectual operation of the alterative courses he had undergone, he formed the resolution of desisting intirely from mercury, and suffering his complaints to take their own course; and for more than three years he kept to this resolution: during which time the symptoms were as follows: The pains, both the rheumatic and those I have supposed venereal, had never totally left him, though the affection of the nose had ceased; but continued to recur at uncertain periods. The rheumatic, affected principally the knees, the shoulders, and teeth; the venereal, the periosteum on the surfaces of different bones. When the membrane covering any one bony surface was affected, the pain would be transient, and sometimes so superficial, that pressure with a finger on the part would give immediate relief. The pains seemed to be for many months external: and irregularly diffused over the perioste-

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um of different bones; the uneasiness being sometimes on some one part of the head, on one of the humeri, thigh bones, &c. In about two years from the cure of the ulceration of the nose, they became more constant in particular places, but were not completely fixed to any one part, till towards the latter end of the third year. At which time, a fixed pain in the centre of one tibia, and a sense of weariness as well as pain, in both tibia upon walking came on. Besides, these, other symptoms occurred, during the three years. He had at different times small tender risings in different parts of the scalp, seemingly deep seated at first, but which afterwards suppurated like common pimples, and then went off, leaving no appearance of disease behind. He had slight rhagades in the palms of his hands, which came and went, like the affections of the head. He would sometimes feel great inconvenience from a redness, relaxation, and sense of soreness in the uvula and throat; sometimes he had considerable pain low down in the throat;

throat ; he had several times a remarkable sense of constriction in the larynx, pharynx, and cartilages of the trachea arteria, and pain in the cartilagenous parts of the nose : when he had none of these, he would have pains in the palms of his hands and in the soles of his feet, &c. And when he came to me, at the end of the third year, his pains were not only fixed to such spots or parts as are usually affected by the venereal poison, but they were more *internal* than they had been ; they were more acute ; and so deep seated, that the patient, though a medical man, could not believe but that the bones themselves were diseased. After a very minute examination, I could not find the smallest appearance of diseased bone, or diseased periosteum any where. The head, which was the part originally attacked with pains, and followed by little eminences on the scalp, had long since ceased to pain him, and now shewed no mark of disease. The tumours he once had on each ulnæ, had likewise disappeared, and he had not since felt the least pain in consequence

sequence of that affection. There was nothing like disease either in his nose or throat. But he had rhagades in one hand; he had frequently very violent shooting pains in each tibia, not only when he walked, but when he did not, with an extreme sense of weariness and general weakness, but there was nothing to be seen or felt on either of his shins; he looked fallow and unhealthy, and was considerably emaciated. It is worthy of note, that in this case the pericranium was the first membranous part affected with pains, the periosteum of the tibiæ the last; for when the pains became fixed to these bones he felt no uneasiness on any other surface.

I recommended to him, with much earnestness, strict confinement, and for once to try the effect of the medicine in that situation: but he would not submit. It was now the height of summer in this country, and he determined to make another trial of an alterative course; and took the mercur. calc. very fairly for twelve weeks. The weariness, uneasiness,
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and pains left him, and he soon recovered his former health. He continued well for the rest of the summer, but when winter came on, he frequently felt transient pains in the center of each tibia, which although momentary, were sometimes violent; and they continued off and on for six years. Twice during this period, after feeling an unusual degree of pain in the upper extremity of one tibia, rather below the insertion of the ligament of the patella, he perceived a tenderness and pitting. These appearances went off, but the pain would sometimes return without them, and with violence; during this period, he had also felt violent shoots in the center of each thigh bone; above each elbow, under or upon the triceps muscle; upon the backs of the hands; and on the outside of the muscular parts of each leg. Besides these pains, he had others resembling rheumatism, which from his description seemed to be the nervous sciatica, described by Cotunnus. Of this affection he gave two accounts, he believed that its first
origin

origin might have been in the winter, subsequent to the last mercurial course, at which time he was much exposed to cold on shipboard, in a northern latitude, which layed him up for a few days with a common sciatica. But he suspected that his nervous sciatica had another origin. Before the fits came on, he would frequently, but not always feel an itching on the outside of the preputium; this itching soon terminated in a few small bladders, containing a kind of hymph; when they broke a yellow kind of scorbutic scab came upon the part, which, after continuing for some days, peeled off; whenever he had this scorbutic affection coming on, he would feel pain shooting from this part into the testicle of that side; thence the pain would be extended to the muscles of the corresponding thigh, and so on into the leg. He sometimes had the sciatica without this affection; when he had, the pain began on one or other of the tuberosities of the ischia, and was thence propagated downwards. But whenever he had a fit

it would last two or three days, and the degree of pain and tenderness accompanying it, were exceedingly great.

This part of the history I have lately had from Virginia, where he now resides. He enjoys tolerable health, except at the times when this affection seizes him, which it generally does five or six times in a year. He has never since the last course used mercury, and time alone must discover, whether any, or the whole of the present symptoms, are those of the disease suppressed; or whether they do not arise, partly from the disease having been imperfectly cured, and, partly from the remedy having been injudiciously applied: I say injudiciously, for no man can make me believe, that so large a quantity of ointment, as he used in the second course, during three months in winter; and which contained more than eight ounces of the crude mineral could possibly be introduced into any habit, with impunity. The affection of the bones, described at the latter part of the course seems to have been the effect of too much mercury, used in an

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improper situation ; and yet this quantity, great as it was, we have seen did not cure him. These circumstances, without making any further comments, should make us pause, and for a moment reflect, whether if he had at that time employed the medicine under confinement, he might not have been perfectly cured in three, four, five, or six weeks, by a fifth part of the mercury he had then used, and without any injury to his constitution. And it is impossible for any man acquainted with the speedy effects of this medicine under confinement, not to ask himself these very natural questions. When the original chancres (from which all the subsequent mischief I have fairly and truly described, arose in this case) were first discovered, five weeks after infection ; when they were small in size, and without much irritability, would not the fair introduction of somewhat more than an ounce and an half of crude mercury, by frictions, under confinement, have probably healed them perfectly, in a fortnight, or three weeks without the dangerous

gerous help of any topic? And would not such a mode of employing the medicine, at so late a period of a primary symptom, as five weeks, by giving the patient the best, and most probable chance of anticipating the natural progress of the disease into an eruption, have been infinitely superior to every other?

It is difficult to say, how far his present symptoms are venereal, if we put the nervous sciatica out of the question, the pains on the tibiæ and thigh bones may be the preludes to nodes, or exostoses; those on the back of the hands, on the triceps muscle, and on the outside of the legs may be the forerunners of gummata; for they are certainly the parts on which these symptoms generally come; the scorbutic spot very much resembles a venereal crust, and perhaps in time one; or more decisive symptoms of the disease may come on. But it may be questioned, whether in this, as in many other cases, the disease may not have been so far weakened by the repeated operation of the medicine, as to have only a faint sem-

blance to the natural progress of the lues venerea, without the probability, or power of its ever producing any one decisive symptom? Thus in the case just given, there may be enough of the disease to shew something like a natural progress in the succession of one symptom to another, and in the whole of the symptoms; enough, to produce pain on parts on which nodes, or exostoses arise; and enough, to cause the same sensation on parts, where gummata frequently form, but without the one or other, of these classes of symptoms, being ever fairly produced. I will not attempt to decide on the matter, and can only say, that this may be the case for several years, is evident from the preceding history, which has been taken with the utmost fidelity, and from a man who has been only once infected in his whole life. Now, if this kind of semblance, to genuine venereal symptoms may be left after a supposed cure, and continue in the habit for life; the disease being almost, but not perfectly, extinct, in a man who has never received
a fresh

a fresh accumulation of infection; What would be the consequence, if a new infection was superadded to the old one? Would not that, be fuel to the hitherto smothered fire, and make those symptoms clear and decisive, which before were weak and equivocal? For it is highly probable that an accumulation of infection may take place in the venereal disease, though it does not in the small pox. And I will venture to say, that in a habit circumstanced like the above, a new infection will be uncommonly obstinate; it will not yield without great difficulty, to the action of the specific, and I have I think frequently seen it more rapid in its progress.

ALOPÆCIA. Not long after the introduction of mercury, it was a matter of doubt, whether this symptom did not arise from the action of mercury. But it was generally believed to be a symptom of the disease. Weakness, dependent on fever, it is well known, will sometimes cause a falling off of the hair of the head; perhaps a similar effect may be

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attributed

attributed to that debility, which is frequently attendant on the free use of mercury. When this medicine has been employed for the cure of secondary symptoms, I have more than once known a man lose a part of his eye-brows for a time, but the hairs have grown again so perfectly, upon his recovering strength, as to leave no defect. I have seen others lose them, though the courses they underwent were slight, and they not cured of their secondary symptoms; and in these cases, they were not regenerated. Besides, as I have never seen this symptom follow either a real or supposed cure of a primary symptom, though the debility produced by the medicine has been considerable, I am of opinion, that it is one of the secondary symptoms of the disease.

Falling out of the teeth, is another symptom mentioned by some of the old writers. Upon a superficial view, one would naturally suppose that this was rather the effect of the medicine, than of the disease, and yet I think I have known
it

it happen long after the use of Mercury, when the effects of the latter were probably spent. If I am right in my idea of this affection, it begins with an uneasy, undescribable sensation of pain in the teeth and gums, something like what is called an ague of the head, which occupies one side of the face only; sometimes the pain is felt deep seated in the teeth, and antrum of the upper jaw on both sides, and is extremely acute. But be the seat of the pain where it may, the symptom is, I believe, more generally an affection of the upper, than of the lower jaw.

Obstinate pain of one of the mastoid processes, generally on one side only, sometimes with, sometimes without, an evident enlargement, is another of the anomalous symptoms.

Pains above this process on one side of the head, sometimes upon, but generally rather behind the temporal muscle, troublesome by day, but most severe by night; sometimes these pains are followed by a puffiness of the scalp.

Large dry crusty scabs on the occiput, nape of the neck or scalp.

Small tumours of the scalp, coming and going, either with, or without a slight suppuration, and arising after previous pains.

Pains, arising on parts on which the well known secondary symptoms of the disease are sometimes found, as on the shins, ulnæ, &c. where nodes generally arise, or on those muscular and aponeurotic surfaces, on which gummata, or deep seated sloughs are apt to shew themselves, more especially, if such pains are nocturnal, are very suspicious, and sooner or later generally lead to other, less equivocal symptoms.

Palsy of the upper or lower extremities, arising, either from pressure made on any particular nerve, or plexus of nerves, by disease in the vertebræ themselves, affecting their cartilages, their foramina or their very substance; or a similar paralytic affection may come on from the disease attacking the nerves themselves, or their coats, and from the pressure, of nodes and gummata.

Crepitation in the vertebræ of the neck, upon moving the head from side to side.

Deafness

Deafness may arise in this disease from an obliteration of the cavity of the eustachian tube, or caries of the small bones of the ear, and a tinnitus aurium from ulceration within the nose affecting the eustachian tube.

Large and deep, or small, superficial, ragged ulcerations of the tongue.

Deep, external ulceration of the face, spreading irregularly towards either angle of the mouth.

Soreness of those angles.

Rawness and ulceration on the internal parts of the cheek.

Nervous sciatica described by Cotunnus.

Many of the symptoms, enumerated above, mark the disease with some strength, and in characters not easily imitated by any other; others do not. Without adding to the catalogue, I flatter myself that whenever any one or more of them are found in combination, inter se, or in conjunction with less equivocal secondary symptoms, that they will generally lead to a clear and perfect diagnosis of the disease, and will I trust, put the practitioner
on

on his guard, and warn him, in time, to combat the probably destructive progress of the disease, with becoming force and effect; for he may be assured that in every such combination he will find no small difficulty in effecting a lasting cure.

If he finds them in combination with a recent primary symptom, he may, I believe, be equally certain, that he will have more difficulty to effect a cure than in another constitution, not vitiated by a previous venereal taint: and as every fresh infection is probably an addition to the old inflammable matter, he must not be surprized if a late secondary symptom sometimes comes on when he least expects it, after the supposed cure of what he took for an unmixed, primary one. This caution not only deeply interests the welfare of the patient, but the reputation of the practitioner, who in every case of recent infection should have his eyes and his ears open to other symptoms the patient may have with the primary one, or may formerly have had, long before its appearance. Want of attention to these circumstances, has, I believe, been one of the

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the causes, why the gonorrhœa virulenta from the middle of the sixteenth century, to the present hour, has been called a primordium of the lues venerea, and stigmatised with a notion, that it had naturally the same remote consequences as chancre, chancrous excoriation, and venereal bubo. This I have never seen—But I believe, that, a fresh contracted clap has sometimes put the latent sparks of the Lues Venerea, when they have been long smothered, into action, and have in this way been mediately the ^{cause} ~~cure~~ of a secondary symptom: I am not however by any means certain of the fact.

In December, 1780, a surgeon was desired to open the body of a man, who died comatose. His brain and thorax were both examined, but shewed no marks of disease: in opening the latter, the surgeon's hand was wounded by a splinter of bone. Afterwards, inspecting the contents of the abdomen, he found the bladder in a gangrenous state, containing two quarts of urine. He removed this viscus and its appendages, and upon a minute examination, he discovered a
 chancrous

chancreous excoriation on the glans penis, and the whole urethra in a state of inflammation, to the very neck of the bladder. He paid no attention for some time to the wound on the hand; but within nine days it became so painful, that he was obliged to poultice it—this gave him no ease, and the only applications he could bear were a cerate of wax and oil, or mercurial ointment; this last not seeming to stimulate. From the fore, four days after the pain began, there were perceived several streaks leading from it to the axilla—these streaks were knotted, as far as they could be traced, and were probably the valves of the lymphatics. When the inflammation got up to the axilla, it there formed an enlargement of the lymphatic glands, but this enlargement soon went off. Shortly after, he could perceive the knotted chords (if I may use that word) in every extremity of the body, enlarging the other lymphatic glands, as they passed through them. And these chords were perceivable in the neck as well as extremities.

In this situation, he was exposed to cold; and notwithstanding the precautions taken to avoid the consequences of it, he was waked at one in the morning with a most violent pain in the neck and shoulders. This was supposed to be rheumatism, and upon that presumption he was bled, and meant to have taken guaiacum, but was advised by a medical friend, rather to take calomel and bark. The first paroxysm lasted till eight in the morning, and the pain recurred at one the next morning, but not with the same violence. It continued to come on in that manner, periodically. He was then advised to take James's powder, which seemed to have a good effect in lessening the pain, but did not remove it. When the summer came on, he was directed to try the Harrogate waters for a month, and then to bathe in the sea. He spent the summer in the neighbourhood of Scarborough, during which time the coldness of the weather, especially when the wind was easterly, had a very unpleasant effect on his feelings and he found that it increased his pains.

pains. But it was remarkable, that whenever he was made warm by dancing, or was perspiring through exercise, he was perfectly easy. The winter of 1781 and 1782 was spent without his being confined, but with considerable pain whenever he was exposed to cold; the knotty appearance of the lymphatics continuing all this time; and the summer of 1782 passed nearly in the same way. The latter part of the winter 1782, and beginning of 1783, the pain of the neck approached more towards one side of the head, and became much more severe, and then came on, at more regular periods. A variety of medicines taken at this time were but of little service, and during this period the disease was still considered as rheumatism: upon which supposition Merc. Calc. was advised, which seemed at first to relieve, but although the doses were doubled, under confinement to the house, the complaint continued. This medicine was used for six weeks, from one grain to two grains per diem. Summer, 1783, coming on, he went to Buxton, drank those

those waters, and bathed for a month; during which he suffered greatly, either from the coldness of the summer or the waters—from thence he removed to the sea—then to Tunbridge—the knotty affection of the lymphatics still continuing. At the latter end of the year 1783, and beginning of 1784, the pain was much increased in violence, and seemed to have shifted to one side of the neck, in a direction from the mamillary process of the temporal bone, to the clavicle, in the course of the mastoidæus muscle. After Christmas of 1783, and early in the winter of 1784, he felt some symptoms of the palsy, in a slight degree, on the leg opposite to the side affected with pain. About the same time also two appearances, like encysted tumours, were observed, one nearly in the centre of each gastrocnemius muscle, and there was another similar tumour between the tendo achillis, tibia and fibula of one leg, near the ankle. For these tumours, as they were supposed to be scrofulous, the sea water was again recommended, as early in the Spring,

1784,

1784, as the weather would permit. The cold of the preceding winter had caused a great increase of his usual pain. He continued bathing and drinking the seawater, for the greatest part of the summer 1784. This course lessened the pain, but did not remove the enlargement of the lymphatic glands, nor the knotty appearances on the lymphatic vessels, nor had it any effect on the three tumours of the legs, before mentioned. In the latter end of 1784, and beginning of 1785, the pain in the mastoidæus muscle and the head increased, coming on regularly at eight in the evening, in a paroxysm of half an hour, and returning again after midnight, and lasting till eight in the morning. And it now affected not only the muscle above mentioned, and mamillary process, but the whole cranium, particularly the back part of it. The complaint grew worse, notwithstanding the use of a variety of antispasmodics and antirheumatics, but being one morning induced to take six grains of James's powder, it removed the pain in a few minutes.

nutes. He continued the six grains *omni nocte*, and felt it no more. About a fortnight afterwards he was seized with an hemiplegia, on the left side—during the use of the powder, he bathed himself in an artificial sea bath. After the appearance of the hemiplegia, the tumor between the *tendo achillis*, tibia, and fibula began to enlarge, but from the slowness of its progress, it was still considered as scrophulous; the other tumors were unaltered. In March, 1785, the enlargement close to the *tendo achillis* seemed to contain a fluid.—A caustic was applied, and upon the separation of the *escara*, fluid was found like the white of an egg, no part of which was discharged; for it adhered to the sides and bottom of the cavity; and the wound in general, put on a very unkindly aspect. He was then sent again to the sea, and directed to use a salt water poultice, which had no kind of effect. After remaining at the sea side for a month, he left off the use of medicine; soon after this, a node began to shew itself upon one of the radii, nearly about

its centre, without previous pains, or pain after its formation. Surrounding this node were some eruptions, which were rather of a bright red, than of the copper hue. The node, after its appearance, increased very fast, and soon convinced him that his case was venereal, and that he must use mercury. He entered upon a course *in the alterative way*, and in a week's time, the node and blotches were removed—the size of the enlarged lymphatic glands was diminished, and the streaks and knotty appearance of the lymphatic vessels gone. The sore now gradually began to throw off the glairy fluid within it, and assume a very good appearance. Having rubbed in during the course of three weeks, eight ounces of ung. mercur. fort. hydrarg. et axung. ā. p. æ. but without confining himself, he supposed he was cured. This course he underwent at a bathing place, close to the sea—and after discontinuing the medicine for a fortnight, he bathed; the sore not then well. In about another fortnight, the kindly appearance of this sore changing

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ing much for the worfe, he was induced to begin again with the frictions; and in the fpace of three weeks, he rubbed in eight ounces of ointment more. From the fea he went to Bath, with the fore not healed, he drank the water, bathed, and went through the ufual means of relief employed at that place, for a month; and then returned to London, with the fore daily growing worfe. He then ufed the ointment for the third time, under confinement to the houfe, for five weeks; and in that time rubbed in, twelve ounces. This courfe healed the fore. It may be neceffary to obferve, that this mercurial procefs never produced much forenefs of the mouth—no griping—no increafe of any particular fecretion; but, towards the clofe of it, when he was rubbing in, half an ounce ung. mercur. omni nocte, he had fuch a diftreffing degree of languor, for a week, that he was under the neceffity of having recourfe to wine, to fupport his ftrength.

This gentleman I had feen in the winter 1783, when his complaint was fupposed to be, and had been treated, as

rheumatism. It was then my opinion, that the case was venereal. And I founded that opinion principally on two circumstances, viz. on the singular appearance of the cicatrix of the original wound on the hand; and the mode in which he was attacked with what was called a rheumatic affection of his neck and shoulders. The scar was not broad; it was indented somewhat like a large pit of the small pox; it had not healed smoothly, and its outer margin was irregular; on the whole, presenting the appearance of a scar from a phagedenic bubo, or venereal sore: and not only the mode of attack, but the situation of the pain, were uncommon, for an ordinary rheumatism; and the pain itself was clearly nocturnal; for it came on, *mediâ nocte*, *post primum somnum*—the time at which most nocturnal pains put on the quotidian form of a common intermittent. I had frequent opportunities of seeing him during the after-treatment, but could never persuade him to believe his case venereal, until the appearance of the node put the
 matter

matter out of all doubt. The tumors on the legs, which were supposed to be scrophulous, I called gummata; and the tumor, which had been very injudiciously opened by caustic, was of that kind. The knotty appearance of the lymphatic vessels, was the effect of irritation from the venereal poison, in a very irritable habit; for he was of the true sanguineous temperament. Sufficient attention was not paid to the circumstances of the case, nor to the fact, that the admission of the venereal poison in a habit like this, would produce peculiar symptoms. Because his lymphatic system, was more generally affected by irritation, than is usual in the common course of the lues venerea; and because the gummata, though they did not appear on those parts of the body, usually affected with scrophula, bore a distant resemblance to tumors of that kind, the complaint was injudiciously judged to be scrophulous—So strong was this idea, and that of rheumatism, fixed in the patient's mind, (and indeed in the minds

of some gentlemen, to whom he paid the greatest deference,) that nothing but the appearance of the node could have opened his eyes, and roused him from his dangerous error.

Without agitating the question, whether this constitution was, or was not scrophulous, or whether the symptoms he had were of the scrophulous kind or not, it was necessary to consider a previous one, whether he was, or was not infected? I was certain, that the symptoms were not scrophulous; and I had no reason even to suppose him of a scrophulous habit. But admitting that his constitution was of that kind, if he was, as I believed infected, it was clear that no other kind of treatment, but the usual one for the lues venerea could have served him. It was evident that the sea gave no permanent relief, tho' mercury, when properly used did. But taking the matter on the presumption, that he was of a scrophulous habit, the practical inference, I would draw from the case is, that venereal infection in such a constitution, must be treated as it
generally

generally is treated in every other. The scrophulous idea will, without the utmost care, bewilder; the practitioner must divest himself of it, and in place of conjecture, he must be guided by matter of fact, and the appearances before him. And having, from a thorough acquaintance with the natural history of the lues venerea, fixed his diagnosis of the disease, he may be assured, that how much soever the combination of scrophula, or other circumstances with syphilis, may render the cure of the latter more difficult in one person than another; yet, the power of the remedy is such, when fairly employed, that it will like the needle to the pole be true to the point, even under these disadvantages.

The general affection of the lymphatic system, from the stimulus of the poison, though that stimulus was not sufficient to produce permanent induration, or a suppurated bubo in the arm pit—the continuance of the knotted appearance, of the lymphatic vessels for a considerable length of time, and the irregular attack of a venereal pain, resembling rheuma-

tism, at a short period from infection, without an intermediate secondary symptom, were all singular circumstances.

Having endeavoured to describe the usual progress of the primary, secondary, and anomalous symptoms, I have only to add a few remarks on the same disease, when it affects the female sex.

The progress of the secondary and anomalous symptoms is precisely the same in women as in men; and I know of no material difference in those called primary, excepting some deviation which arises from the peculiar formation of the female pudenda.

A chancre cannot, in general, be long concealed in a man; for we have very few instances of this symptom affecting the urethra out of sight; and unless a complete phimosis prevents inspection between the glans and prepuce, there can be no concealment of disease between them. But the case is very different in women. For, besides the external parts, which admit of inspection, chancres may be seated internally, within the vagina: and there
remain,

remain, unnoticed and unknown, until the rise of a bubo gives the alarm, or till the fore, or fores within, having become irritable and tender, occasion a considerable discharge. They may even take place in the neck of the uterus. And as the female urethra is much wider than the male, and much shorter, it is more exposed to the contact of chancrous matter; and it is for that reason, that both chancres and verrucæ do more frequently appear in the female, than male urethra.

Having shewn the slow and uninfamed progress of the apthous chancre, in the male, I need not repeat what has been already fully explained; I shall only say, that if this kind of chancre very frequently remains no larger than a pin's head, for four or five weeks, without either pain or considerable discharge in the one sex, so may it also in the other. And whenever that happens, and such chancre is situated out of sight, within the vagina, the woman so infected, may, during that space of time, have connections

tions with several sound men ; she may infect those men, and yet very naturally suppose, as she has neither the appearances nor the sensations of infection, that she is herself perfectly free from disease.



PLATE . I

Fig. I

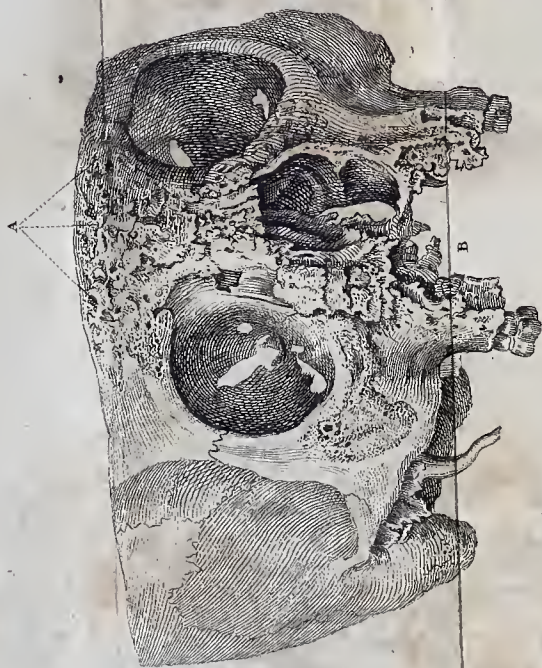


Fig. II



EXPLANATION of the PLATES, taken from
the *Osteographia* of the late Mr. CHESELDEN,
to shew the appearance of a Caries from a
venereal Cause.

P L A T E I:

F I G. I.

THE scull of a woman who died of the venereal
disease.

- A. *The carious part of the scull.*
- B. Great part of the upper jaw rotted away.

F I G. II.

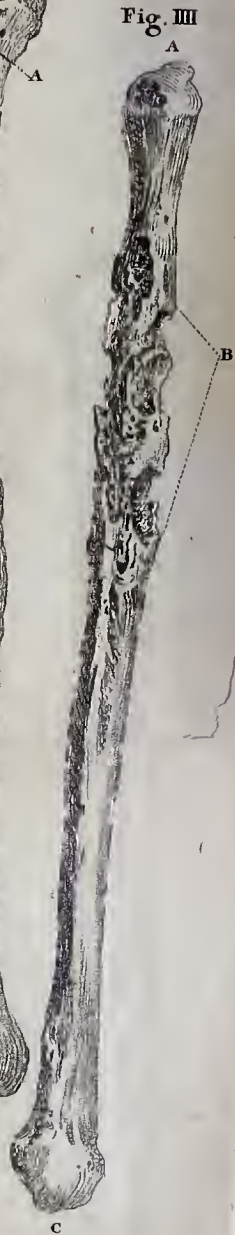
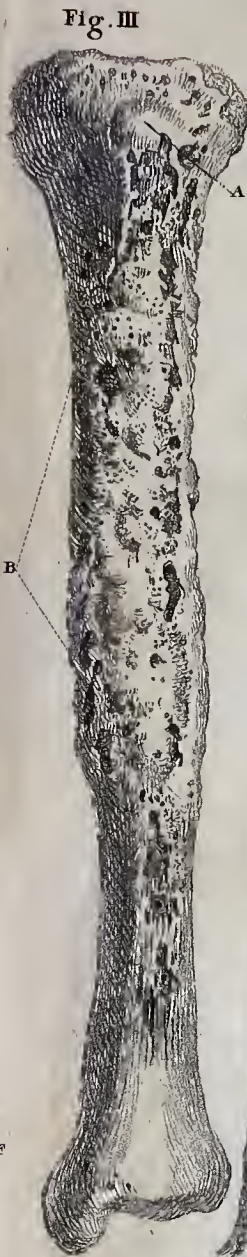
The scull of a man who died of the venereal disease.

- A. The bones of the nose.
- B. The upper jaw.
- C,C. The orbits of the eyes.
- D,D. Proceffus jugales.
- E,E. *Carious parts of the scull; the places which appear
in shadow being exfoliated through both tables.*





PLATE . II



P L A T E II.

BONES of a woman who died of the venereal disease, to whom the scull belonged in the preceding plate, and who had scarce one sound bone.

F I G. I.

O S F E M O R I S.

- A. The head.
- B. Trocanter major.
- C. Trocanter minor.
- D. *Carious parts.*
- E,E. The lower apophyses.

F I G. II.

O S H U M E R I.

- A. The head.
- B. A process.
- C,C. *The carious parts.*
- D. The large sinus.
- E. The lower cartilagenous end.
- F. The inner protuberance.

F I G. III.

T I B I A.

- A. Infertion of the patella.
- B,B. *The carious parts.*
- C. The protuberance which forms the inner ancle.

F I B U L A.

- A. The upper end.
- B. *The carious parts.*
- C. The lower end.

I have made choice of these plates to illustrate what has been said on that particular stage of the disease, in which the periosteum and bones are affected; because the author from whom they are taken, is an authority not to be doubted. The diseased appearances, which took place in the woman, shew very clearly, that the affection was, like a venereal eruption on the skin, general; and extended almost, to every bone of the body.



OBSERVATIONS
ON THE
NATURAL HISTORY
OF THE
VIRULENT GONORRHOEA.

N



G O N O R R H O E A.

IT has been usual in every treatise on the lues venerea to comprehend another disease, with which it has been generally supposed to bear a very close analogy. This disease has been called the virulent or venereal gonorrhœa. Whoever will be at the trouble of consulting some of the first writers in English surgery, long before the æra of the lues venerea will find that a complaint very similar to the virulent gonorrhœa, was common in this country, and called the sickness of Brenning. And from the writings of others, anterior to them, it is probable that a species of gonorrhœa was known to the ancients, and might perhaps have existed among mankind from the earliest ages of the world. Every medical man is acquainted with the singular structure, and peculiar

irritability, of the parts usually concerned in gonorrhœæ. And it is well known that the principal seat of these complaints is a very tender and sensible mucous membrane; a membrane as liable to irritation as the *membrana pituitaria narium*, or mucous membrane of the lungs. We have diseases affecting the latter from cold, from scrofula, from a scorbutic indoles, and from irritation of various kinds; and it is hardly possible to suppose that the parts of generation alone; parts, perhaps, of all others in the human body, the most irritable, can be exempt from the common affections of other mucous surfaces. It is still less possible to imagine that the large glands opening into, and having a communication with the urethra, or the other parts in connection with it, can have the circumstances of the circulation of the blood, and distribution of the nervous power, through them altered, so very frequently as we daily see they are, by a single idea of the mind, without enquiring whether such parts, so wonderful in their structure,

ture,

ture, have no diseases naturally appertaining to them; abstracted from all infection whatever. That a gonorrhœa does sometimes arise without the most distant connection with venereal infection, I have no doubt. That it has often been taken for venereal infection, I can readily believe: because the discrimination is not always easy; but that every discoloured discharge from the urethra, in which there is the smallest appearance of inflammation, or heat of urine, should be called virulent, is what I cannot give my assent to.

Having elsewhere explained the authority, on which the supposed first appearance of the gonorrhœa virulenta, many years after the rise of the lues venerea, stands; I need not repeat it in this place. I must however remark that, great as that authority seems to be, and universal as the opinion has been, it is possible, that it may have had no foundation in truth. The greater part of the early writers had an idea that the lues venerea was often blended with many other diseases, with which it certainly had no analogy; and

though they seem to have been perfectly well acquainted with some of its symptoms, yet it is plain, from the very erroneous manner in which they have sometimes classed them, that their notions were not always correct. Under the idea that, the ulceratio and excoꝛiatio canalis urinarii, the hernia humoralis and bubo, were merely local affections, it is possible, that Vigo may have classed the *first* with diseases of the virga, the *second* with herniæ, and the *third* with suppurations in the lymphatic glands of the groins. And this supposition will account for his omitting to mention them, in his tract on the lues venerea. But this is opposed by the historic testimony of the subsequent writers.

Having given the facts, as they appear in history, I leave every man to form his own opinion, and shall only observe, that it is extremely plain, from what he has said, of the disease he calls an ulceration and excoꝛiation of the urinary canal, that it was in his time frequent: and it is equally certain that other writers, before the

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the æra of the lues venerea, have noticed a similar complaint : but whether any of these were, what the later practitioners have called, venereal or virulent I cannot say. I rather think that they were not, but that there were then, as there are now, and probably ever have been, simple gonorrhœæ, which very much resemble the venereal. The assertion of Brasavolus, that the true gonorrhœa was a new modification of the old, or venereal infection ; seems to have been tacitly assented to in practice by the moderns : but without a direct avowal of the truth of that assertion, or proof that it was well founded. He described it, as they have done, with symptoms very different from those of chancre ; but he believed, what many respectable practitioners of the present and past ages will not allow, that, at a late period, it was followed by secondary symptoms. What was originally a disputed point has continued so to the present day ; and physicians have not yet settled whether it is, or is not, a primordium of the lues venerea. For some consider

it as leading to a general infection of the system; others call it a local affection only, in which the system is no otherwise concerned, than by the irritation that is sometimes raised.

The nature of venereal infection, is so very complex, and there are so many instances in which chancres have been for a length of time concealed, though they have ultimately appeared to have been combined with gonorrhœa, as a distinct origin of mischief; there is such difficulty, in many cases, of discriminating the virulent from the simple gonorrhœa, and so little dependence to be placed on the accounts medical persons generally receive from their patients, that no doctrine or opinion, however specious or highly recommended, can, I believe, throw much light on the theory of this disease. It is to experiment alone, that we must be indebted for the great leading fact; by which to determine whether, when the gonorrhœa virulenta is fairly characterized, it is a branch of the lues venerea,

or

or not. If this was once ascertained, a very just idea of the disease might be founded upon it; and we should, without hesitation, treat it as a modification of venereal infection, differing however in its symptoms from chancre, chancrous excoriation, or venereal bubo: So differing, that, though infection might be supposed to have no inconsiderable share in raising, and keeping up, the symptoms; yet would irritation and inflammation be considered as its prime agents. Of consequence the cure would turn on antiphlogistics, and relaxants, both internal and external, opiates, and the specific. And the stimulus of the latter should be so counteracted during the treatment, as to do more service, as an anti-venereal, than hurt to the system, and part affected, as a stimulant. But though a theory, evidently leading to a practice somewhat like this, seems to have been adopted by Astruc and others, yet such a theory has been received, without a careful examination of the foundation on which it stands. The ingenious Mr. J. Hunter

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is of opinion, that the mere contact of chancrous matter, on a mucous surface, such as the urethra, will produce a gonorrhœa; and that the inoculation of the diseased mucus from the latter, will occasion a chancre: he may be perfectly right in both opinions, but I wish them to be authenticated by a *number* of experiments. It is a matter of too much consequence to be decided in haste, either by a supposed fact on the one hand, or a single experiment on the other. With respect to the contact of chancrous matter on the surface of the urethra, Dr. W. Harrison, in a Thesis published at Edinburgh, in one thousand, seven hundred, and eighty-one, affirms the same. In his experiment chancrous matter was, according to the London Medical Journal, introduced into the urethra, and it produced a gonorrhœa. As I have not seen the Thesis, but have the information from this periodical work, I know not the nature of the gonorrhœa which was produced. Variety of irritants will cause a running, a heat, and ardor urinæ,
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when applied to so irritable a surface, as the urethra; and, therefore, unless the whole progress of that factitious disease was clearly the same as in the common *Gonorrhœa virulenta*, it cannot, I believe, shew that Mr. Hunter's opinion, with respect to the contact of chancrous matter is, perfectly just.

The second experiment of Dr. Harrison, made with a view to ascertain whether the inoculation of gonorrhœal matter, or mucus, would cause a chancre; produced neither chancre nor secondary symptoms. When the result of two inoculations, both made in precisely the same manner, and with the same fluid, differ so materially in the event, as Mr. Hunter's and Dr. Harrison's do, a doubt will naturally arise: and nothing can shew, the necessity of a minute attention to circumstances, more strongly, than the contrast of the two experiments; nor point out more forcibly the propriety of prosecuting the enquiry further, and on a larger scale. The case of inoculation given by Mr. Hunter seems to be perfectly

fectly conclusive, but Dr. Harrison's experiment militates against it; and if it did not, the local effects on the part inoculated, described by Mr. Hunter, a critic would say, might be the effect of irritation; and the subsequent secondary systems might have originated in a latent disease, or former infection suppressed. In an experiment of such great importance, there should be no previous vice in the constitution, nor suspicion of vice. Mr. Hunter does not say a word on this head. But if there was not, and the matter, from which Mr. Hunter took the infecting fluid, was gonorrhœal (and in this particular no one can suspect a mistake) the affinity between gonorrhœa and chancre, or gonorrhœa and lues venerea is, in my opinion, proved beyond a doubt.

If Mr. Hunter and Dr. Harrison's opinions, with respect to the effect arising from the mere contact of chancrous matter, are well founded, I cannot reconcile historic testimony with these facts, but by supposing that a constitution, in which
mercury

mercury has not long before been freely introduced, is capable of modifying infection so much, that the contact of chancrous matter shall produce only a gonorrhœa; when in another, not so circumstanced, with respect to this medicine, the same infecting fluid shall cause a chancre.

But even this opinion will be overturned, if the fact be, that chancrous matter will, by simple contact, communicate gonorrhœa to a constitution, not under the influence of mercury.

Having explained the nature of the historic evidence, which makes the gonorrhœa virulenta a modification of the lues venera, and the result of some late experiments, which seem to lead to the same fact, though in my opinion they do not fully prove it; I can only say, that in a matter, in which there still appears to be room for doubt, I know of no road to truth so short, and so easy, as that of further experiment; nor any that can be put in competition with it, in point of certainty. To this I must therefore leave it,
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and shall only endeavour, (without attempting to ascertain absolutely, whether the gonorrhœa be a modification of venereal infection or not) to describe and discriminate it, in the best manner I am able, from the simple gonorrhœa, and some other affections of the urethra. At the same time I may be permitted, I hope, to wish that the experiments, to which I have so often alluded, may be conducted upon a large scale, and performed first with chancrous matter, fairly applied to a mucus surface; and then, that the mucus of a gonorrhœa, when inoculated, may be taken from the different species of this complaint, in different stages of the disease: in order that we may not only determine more fully, the above original question, whether or no the gonorrhœa virulenta is a branch of the lues venerea, but also be enabled to distinguish, with some degree of certainty, those gonorrhœæ which are, and those which are not, venereal; and thus to form something more than conjecture, whether gonorrhœa is infectious or not, either by
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the mere contact of its proper mucus, or by its inoculation : and, if infectious, at what period of its progress, it ceases to have the property of communicating disease. These are a few of the obvious uses to which experiments, so conducted, might be applied ; and without them, I fear, we can neither establish a just theory of the gonorrhœa, nor direct the most successful method of treating it.

With respect to the difference in opinion, which prevails amongst practitioners, about the remote consequences of the gonorrhœa ; some believing, others rejecting the idea that it leads to secondary symptoms of the lues venerea : I do not know, even if the two facts were incontrovertibly established by experiment, viz. that the mere contact of diseased mucus would produce gonorrhœa, and its inoculation in another person cause a chancre, that such experiments could settle the point ; because the gonorrhœa has certainly a course (if not a cure) of its own, no more like the course of a chancre, than is the progress of the itch like that
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of a common inflammatory catarrh. It is hardly necessary to compare the immense difference of the symptoms raised by a chancre, with those of the gonorrhœa. I shall only beg leave to observe, in support of the opinion, that gonorrhœa does not lead to the same remote consequences as chancre, that some of the greatest men, of the past and present century, have held that, when the discharge was not suppressed, the disease had no such tendency: had they lived at this time they would probably have gone a step farther; they would have seen, after the very free manner, in which injections have been employed to check this discharge, in every stage of the disease, for weeks and months together, that the same suite of symptoms did not follow such a suppression, as now follows, and ever has followed, the premature healing of a chancre. They would have seen that those who use mercury, as a specific in gonorrhœa, employ it in such a manner, and in so small a quantity, that, if there really is venereal infection

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in this complaint, it must certainly be of a subordinate kind; and by no means in proportion to that of chancre: for such a quantity will not even check the progress, much less cure a chancre. And they would have been led to make this further remark, that cures were daily performed in gonorrhœa, though this quantity was so very trifling, that, so far from its acting as an anti-venereal, it seems rather to operate simply as an ameliorant; and upon the same principle, that it produces good suppuration, and healthy granulations in common wounds, or ulcerations, it probably brings on a laudable secretion from a mucous membrane.

A bubo sometimes arises from a suppressed clap, and on this circumstance a great stress has been laid. The fact is certain. But the inferences drawn from it are not equally just. In the first place there is no direct evidence to prove that secondary symptoms have ever been the consequences of such a bubo, nor if there was, can it, I believe, be thence inferred

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that such secondary symptoms were the genuine consequences of a gonorrhœa. Because a bubo may also arise in this disease, as a distinct species of infection; as one of the primordia of the lues venerea; as for example, when it appears as the first symptom without chancre. And it is even probable that the venereal chancrous poison may sometimes pass on from the place of insertion into the circulation, without inflaming the lymphatic glands, and without the regular appearance of a chancre. When these circumstances are added, to what has elsewhere been said, on the lateness at which both primary and secondary symptoms of lues do sometimes appear, they will shew that it is not only difficult, but hardly possible, to trace the secondary symptoms of the venereal disease from a virulent gonorrhœa. I have often known those who have had claps, have also, at a remote period, secondary symptoms of lues. But upon investigating the matter thoroughly, I have always found that they have also had other pocky symptoms. So that un-

less a fair instance could be adduced of a patient having secondary symptoms, from a clap, who has never been infected with the primordia of the lues venerea, it can prove nothing.—Such an instance I have never yet seen, nor if I had, do I believe, for a reason already given, that such an instance would be perfectly conclusive.

It has been supposed that venereal matter, in order to the production of gonorrhœa, is first attached to the natural mucus of the parts—that this is its nidus, and that thence the disease is propagated to the urethra, &c. Agreeable to this theory the washing off the infected mucus by such applications as combine chymically with it, has been recommended, and on this principle a solution of the caustic alkali has been used.

That the natural mucus may in this way become affected is probable.—But when the disease has actually taken place, it is the state of the urethra, and constitution of the patient that are the principal objects; and according to the irritability of these, so are the symptoms mild or

otherwise—This, I would therefore call the disease—The application of cold, often produces fever, but that fever when so produced is a distinct thing from the cause which gave rise to it—the contact of chancrous matter, may cause a clap—the mucus of that clap may be infectious, but the disease consists in a general irritability of the urethra, and parts in immediate connexion with it; in an irritability sui generis, produced in a manner to me unknown, but probably by a peculiar modification of venereal or syphilitic infection; and this definition of the disease corresponds with the facts observable in its cure—neither caustic alkali, nor the general effects of mercury tend in the smallest degree to lessen the high inflammatory symptoms of a clap; on the contrary, they would most certainly increase them. But I think there can be little doubt of the disease being curable with the utmost ease by the help of mercury; after these symptoms have been quieted; and it is certain that, in many instances, when the inflammation has been properly kept

kept under, the disease has gradually gone off without the assistance of that medicine.

A gentleman who had contracted a number of chancres round the corona glandis, and internal parts of the prepuce was cured within the space of six weeks by an alterative mercurial course.—In about a week from the discontinuance of mercury, he had a fresh connexion, from which he soon perceived a tendency to a phymosis—a contracted prepuce, and a large gleet kind of discharge from both the glans and prepuce, but without an appearance of inflammation at the mouth of the urethra. His regimen was antiphlogistic, with ext. thebaic gr. ʒ. ʒ. omni nocte, elect. aper. pro re natâ, and as a topic, he used a weak calomel wash to the glans, and prepuce only, without injecting any portion of it into the urethra.—Immediately upon the use of this topic, the discharge ceased, great ardor urinæ followed at the orifice of the urethra, and throughout the whole of that membrane, with frequent desire, and irritation to

make water; the quantity of which, at each effort was small, though the efforts themselves were sometimes so violent, that blood generally came away with the urine. He had all these symptoms, without the smallest degree of symptomatic fever, and without either pain or tenderness in the neighbourhood of the prostate. These symptoms continued for some days, notwithstanding the immediate discontinuance of the wash, and the use of other means more adapted to his present state. As the pain and uneasiness of the orifice of the urethra diminished, so did the heat and pain higher up in the passage increase, till at length they reached the prostate. The chordee then became exceedingly troublesome; there was pain and tenderness in the neighbourhood of the rectum, with more frequent irritations to urine. The discharge all this time was so very inconsiderable, that it could scarcely be perceived on his linen. When the chordee became violent, and the seat of the inflammation had moved to the neck of the bladder and was high up in the urethra, he
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became feverish. Besides other anti-phlogistic remedies he was now twice bled; bladders of warm water had been used before, and also the warm bath. These were now employed more frequently, and he took the opiate night and morning. After the first bleeding he rubbed ung. mercur. fort. ζ ii. into the perinæum, the ointment was omitted the next day, and he was bled again on the subsequent one; upon which the symptoms were greatly relieved. He rubbed in three times more, and after the fourth friction, his mouth became slightly affected. I impute the subsidence of the symptoms principally to the second bleeding, for the other means had not relieved him, and the first dose of mercury had not yet shewn any of its effects on the system. The tenderness of the mouth was kept up for a few days by a small dose of calomel omni nocte, and the latter was continued with the opiate, bladders of warm water, &c. and in about six weeks, from the first attack, the cure was completed. As the inflammatory symp-

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toms remitted so did a running from the urethra come on, with a lodgment near the orifice, and the usual appearance of a common gonorrhœa virulenta.

This case seems to have been very similar to that gonorrhœa described by Sydenham, in which he observed an oozing of matter from the glans; and also, like that mentioned by Astruc in which a similar kind of fluid was wiped from the mucous criptæ of a female.

If this gonorrhœa had consisted in a morbid alteration of the mucus of the glans, merely keeping the mucous criptæ of the latter cool, by the calomel wash could not, I think, have produced the consequences which followed; it seems more probable that the whole urethra, and perhaps other parts in connexion with it, had deeply imbibed the poisonous effluvia (if such they are): and that the oozing, or discharge was rather the consequence of a general affection of the glans and urethra, than of the mucus of the glans only. In this case there seems to have been a translation of disease, not
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a simple metastasis of inflammation, for the glans could not be said to be inflamed when the wash was applied. It was not a disease of the glans, or of its criptæ simply, but of the *whole urethra*, which was probably in a state of general turgescence, verging to inflammation. This, the discharge from the glans, if it had continued, would probably have lessened, but as it was checked, it caused an increase of that fullness high up in the urethra, which was not at length diminished till the part was unloaded by the means employed to combat the symptoms. And when this was done, and not before, the discharge from the urethra came on, and continued till the disease was removed.

Nothing can put the difference between gonorrhœa and chancre in a stronger light, than the bare comparison of the metastasis which occurred in this case, with the consequences of a true chancre; from the premature healing of which we have frequently a bubo, but never this kind of translation of disease from the
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surface and substance of the glans to the urethra. I cannot determine whether such an affection of the glans as that just described, would ever degenerate into a state that could fairly be called chancrous, but I think it very probable that it would not. But if that were really the fact, it could not be a true chancre, but a species of chancrous excoriation only.

From what has been said, it will appear, that a translation of disease like that just described, can never be the consequence of a true chancre; on the contrary, this translation is the great characteristic of a gonorrhœa virulenta; in which it may take place at an early period; and before the coming on of inflammatory symptoms.

A gonorrhœa will sometimes come on with the same kind of copious discharge, as in the preceding case, but arising from the urethra only, without any appearance of inflammation at the orifice.

But its general mode of attack differs from both these cases. In a few days, sometimes in a few hours from the receipt

ceipt of infection, the person injured feels an unusual rather pleasing sensation along the urethra and at the orifice; which soon becomes wider, and its vessels appear more turgid than natural. From this part a small quantity of a colourless or white mucus is first discharged, generally thin, but sometimes ropy. As the disease increases in date, all these appearances are gradually altered for the worse, the orifice looks more inflamed, gapes wider, the secreted fluid is thinner, increased in quantity, and of a greenish or yellow hue.—Upon pressing the sides of the orifice together, a degree of heat is perceived with an unusual sense of fullness in the cellular texture of the urethra. Sometimes there is a general redness and seeming fullness of the glans; sometimes these appearances extend but for a short space around the edge of the urethra. The inflammation and discharge continuing, the very irritable surface of the urethra is soon deprived of its glazing; it becomes exposed, and now the urine (which in a natural state of this part, produces no
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kind of inconvenience or pain) acts as a powerful stimulant, and in passing along the denuded membrane causes that sensation, which has been called heat or scalding; and according to the extent of the inflammation and denudation of the surface, so is this pain felt in a small portion of the urethra only, or throughout its whole track. The inflammation and discharge continuing, a very unnatural degree of irritability is soon generated in the urethra, and in all the parts in immediate connexion with it, which extends from the orifice of the membrane to the neck of the bladder. An extent, taking in, besides the corpora cavernosa penis and spongy cellular substance of the urethra, not only the smaller lacunæ of the membrane, coopers and the prostate glands, but the testes themselves, and the lymphatic glands in each groin. As this irritability comes on, so does the symptom called a chordee, which is at first not very painful, but increases as the general inflammation advances, and as the chordee grows in violence, so does the discharge

discharge generally diminish in quantity. And this is a proof that the disease has gained its acmé. The circumstances of the gonorrhœa are now very materially altered; inasmuch as there is a great general irritability of all the parts with a diminution of the increased secretion from the mucous membrane. A situation, of all others perhaps, the most favourable to suppuration in inflammatory habits, and to the usual termination of an erysipelas into a slough in those whose habits have been vitiated by intemperance—And it is also a situation in which a *metastasis*, either as the offspring of infection, the product of inflammation, or as the joint effect of both, may very readily take place. And *this*, forms the most distinguishing feature in the disease.

If the translation or metastasis be made to the deep seated parts of the urethra, at a distance from its orifice, the foundation for a future stricture may be made juxta perinæum; or the inflammation may run so high as to terminate in an abscess; in which case, a small portion or spot of the
 urethra,

urethra, generally sloughs ; matter is formed in its cellular substance, which when let out is of a peculiar kind, consisting of urine mixed with pus ; the cavity of this abscess leads into the urethra, and a small portion of urine generally passes through the external opening.

If the translation be to the prostate, there will be a dull, *deep seated pain in the neighbourhood of this gland*, and an uneasy sense of weight at, what the patient thinks or calls, the root of the urethra. Upon examining *per anum*, the gland will feel larger than natural, and it will be in some measure tender to the touch—there is frequently a sense of want of room in the rectum, upon the evacuation of a figured stool ; there will be sometimes a momentary pain shooting up the gut ; a frequent attempt to discharge the urine without the ability to do it ; at other times, a small quantity only of urine will follow the effort : to one or more of these symptoms, there is sometimes joined a tenesmus. If the translation be to the membranous part of the urethra ; this
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may, unless timely remedied, end in a flough: if to that part of the urethra where the vasa deferentia open into the cavity, or near it, a hernia humoralis may arise from sympathy or consent: if it be to the epididymis, tunica albuginea, tunica vaginalis, or testis, the same symptom may occur; and sometimes from the general irritability of all the parts, a bubo will arise. Be the translation where it may: so long as the inflammation is violent, or confined to the part affected with the metastasis, so long is the running either greatly diminished, or wholly checked. And in the two cases of hernia humoralis and bubo, the heat of urine, and chordee are generally removed; and what is very remarkable upon the removal of these symptoms, the running returns, but in a smaller quantity than before: sometimes with only a slight degree of inflammation, heat of urine and chordee, but most frequently without any of these symptoms; so that it seems, as if the disease was actually cured, and reduced to a mere gleet, by the preceding metastasis;

taftafis; and this in my opinion points out the great utility of raising an artificial inflammation in some cafes of gonorrhœa, as a means of quieting the local fymptoms.—It has been ufual in all other inflammations, to draw off the circulation and nervous power from the part inflamed, after the ufe of antiphlogiftics, by bliftering and other irritants.—The fear that cantharides would operate on the neck of the bladder in gonorrhœa, is, I fuppose, the reafon why the fame kind of practice has not been followed in this difeafe. But furely there are various other ways of fulfilling the fame intention, without the fupposed hazard annexed to bliftering.

That ftage of gonorrhœa, in which the chordee and irritability of the membrane are the greateft, (whether the difcharge be confiderable, or fomewhat diminished) requires of all others, the nicelt management; becaufe inflammation having now taken deep poffeffion, not only of the mucous membrane itfelf, but of the cellular fubftance, with which it is
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very intimately connected; if the symptoms run high, the transition from such a state to a true phlegmonous inflammation, with a total or partial stoppage of the natural means of cure is extremely easy. Should this happen; pain, heat, hardness in perinæo, or in any part of the urethra, may take place; and if not timely prevented, an abscess be the consequence. But this truly disagreeable termination to the inflammation will seldom, if ever, occur, whilst the discharge continues copious. The two states, that of high inflammation verging to suppuration, and that of considerable increased secretion from the surface of the urethra, are mutual checks, or opposites, the one to the other, and both of them can never subsist at the same time. It is true, it is no uncommon thing to have high inflammatory symptoms, with a copious discharge per urethram; so high as to have great dysury, heat in perinæo, and even an inflammatory affection of the neck of the bladder; but so long as the discharge continues, so long may an abscess be ob-

viated with the utmost ease. And even if no means preventive of inflammation are employed, it is probable that the inflammatory symptoms would in some cases, at length, subside of themselves. But as no judicious practitioner, would under such circumstances, think of trusting to this natural kind of remedy alone, so it behoves him not to overlook it, or suppose that, because he can lower the inflammatory symptoms by art, he is therefore to neglect, this salutary operation of nature. Whoever seriously reflects on the great importance of bringing on, and keeping up a spitting in peripneumonic inflammations, will see the propriety of not checking the running in gonorrhœa, whilst all the parts in connexion with the urethra, are in the very irritable state, above supposed. To which it may perhaps be objected, that the parallel is by no means just; that there is infection operating in the one case, and no infection in the other. But this is only a partial statement of the fact. For with respect to Gonorrhœa, the violence
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of the symptoms does not so much depend on infection, as on the constitution, or temperament that receives it; for this complaint will ever be most violent in those who are most inclined to inflammatory diathesis, from what cause soever that may have arisen; thus for example, It is always more troublesome in a young, robust, sanguineous, than in a phlegmatic habit, though infection is probably, in an equal degree, in each. And the difference of habit, as acted upon by gonorrhœa, is still more conspicuous; when a disposition to scrofula, or scorbutic acrimony, is joined to a young, robust, sanguineous temperament. Infection then may be the original cause; but it is habit, and it may be, whatever disposes to inflammation, that must give that infection, force and energy.

The discharge, when very great in such inflammatory habits, has also been supposed to be the great circumstance which keeps up the symptoms, and therefore attempts have been made to check and correct its supposed virulency, by

injections. But the discharge in a phlegmatic habit, however large, produces no violent symptoms; it must therefore be constitution and a predisposition to inflammatory diathesis, which make the immense difference we daily see between one gonorrhœa and another. And, I believe, it is well known, that these circumstances cause great variety in the symptoms of every inflammation. In the erysipelatous habit a disposition to metastasis arises, which is clearly the product of inflammation, without the admixture of any virus whatever; on the contrary, there is no such disposition in the opposite constitution. And if I had not proved that a metastasis might take place in gonorrhœa, at an early period, and before the appearance of inflammation, it might be said that this circumstance of the disease might arise from the latter alone: but probably it is the joint product of inflammation and infection. Be it where it may, at this period, it evidently shews a partial determination of the living power and of blood, to certain parts, and seems to be (if I may use that

that expreffion) a *local mobility* of the nervous power: I fay *local*, for the mobility or metaftafis is, I believe, confined to the parts of generation only. The learned Van Swietan has described a metaftafis, from a gonorrhœa to the coats of the eye; I have feen the circumftance but once in my life, and in that cafe, if gonorrhœal matter had not been applied locally to the eye which was moft probable, the difeafe might have originated from a latent pox—for the fame perfon had very foon after an extravafation of fluid of the glairy kind near the joint of the knee, which I attributed to that caufe; and he was alfo of a gouty habit.

The different inflammations, arifing from metaftafis in this difeafe, have been fupposed to originate in a tranflation of matter. But, as has been already hinted, I muft rather attribute them to an acquired mobility of the nervous power of the parts affected. But whether that mobility be morbid, that is, venereal or not; or whether it be generated by inflammation, is difficult to fay. The metaftafes in gonorrhœa very much refemble the tranflations of

inflammation which occur in some habits from erysipelas, gout, and rheumatism.— Diseases, in which the existence of a specific matter has, with great reason, been doubted.

The translation in a gonorrhœa sometimes takes place much later in the disease, than in the instance given above, page 197. It is no uncommon thing for a sudden redness and inflammation to attack the glans, whilst the natural means of cure, the running, is going on from the urethra: if this inflammation is considerable and continues, the discharge from the urethra may cease; remove this affection from the glans, and the original disease returns to its former seat. There is, therefore, a consent between the glans externally and the surface of the urethra internally, and the inflammation and increased secretion of the one part may be readily transferred to the other. In like manner I have known the metastasis first shew itself on the testicle and epididymis, producing hernia humoralis; then leave these parts and appear on the skin of the scrotum; and lastly, though the running has

has been either partially or totally stopped for a time by the inflammation, yet it has returned again to the urethra. This secondary running, after hernia humoralis is generally obstinate, and continues with great permanency to tease the patient, and seldom leaves him till the testicle and epididymis are nearly reduced. It is in short the natural termination of this inflammatory affection, and should not therefore be checked. The hernia humoralis is most frequently an inflammatory enlargement of both testicle and epididymis, sometimes of the latter only ;—the inflammation when at its height is often very violent, producing symptomatic fever, great pain, tenderness, &c. and there is sometimes a corresponding very painful affection of the spermatic chord. In many cases, the gland itself and its investing coats are the seat of the inflammation, and when the inflammatory tension of these diminishes, the excretory part of the gland, the epididymis, leading to the vas deferens, sometimes becomes loaded. And this is

a proof, that in consequence of the preceding inflammation in the body of the testicle, a secretion of some sort or other has taken place from it, which is now endeavouring to pass by the same route, that the semen does naturally, along the vas deferens; and so into the urethra. And this is another reason why the discharge should not be hastily stopped after hernia humoralis.

Even with the best assistance from art, and the natural means of cure, the testicle and epididymis, after the subsidence of the inflammation, will sometimes continue considerably enlarged for weeks or months. The ease and certainty with which this symptom generally yields to the usual remedies, when taken early, and no artificial means have been employed to check the running, convince me that on the latter there ought to be great dependence. Nothing is more common than to suppose a scrofulous tendency when the enlargement left, after the going off of the inflammation remains obstinate. This is certainly sometimes
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the case, but for one real scrofulous affection of this part, there are many supposed to be so: and the obstinacy of the symptom is much more frequently owing to obstruction in the excretory part of the gland, or irritation, near the caput gallinaginis.

If it be also considered that a hernia humoralis frequently comes on, not from metastasis, but from obstruction, irritation, and inflammation, in the neck of the bladder; the doctrine laid down, with respect to the discharge from the urethra, is more worthy of attention, because it is also the natural cure for these affections, and is probably a powerful means of obviating a diseased prostate and stricture.

The prostate gland seldom suffers from inflammation in gonorrhœa without a correspondent affection of that part of the urethra nearest to it—And whether it enlarges simply from metastasis, or the extension of the inflammation from the urethra; in either case, the natural means of cure, the discharge, is checked during

during the inflammatory stage of the complaint, and resolution can never take place fully till that discharge returns.—It should, therefore, be encouraged by relaxants.

I believe that nocturnal emissions also *tend* to the same end—and have a powerful effect in unloading the tumified gland. As the inflammation is a phlegmonous one, if it does not subside, but proceeds with the neighbouring parts towards supuration—to all the ill consequences arising from mere induration, may be added those also from stricture, and abscess in perinæo. When it gets into a diseased state, like every other glandular part, on which irritation has been long kept up, it becomes highly irritable—the frequent inclination to urine—the pain, and if an external opening has been formed, the discharge and irritability of the sore, tend to quicken the pulse, and make the patient hectic—and in this situation, exhausted by the drain, and worn out with constant irritation, he yields to his fate—This train of consequences I have too frequently

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ly seen, from the progress of phlegmonous inflammation in the neck of the bladder, without the admixture of any scrofulous taint. But there is no doubt when this circumstance is added to those before mentioned, that it greatly aggravates the other symptoms.

Having pointed out the important uses of the natural means of cure, and mentioned some of the accidents that may arise from checking the discharge too much, during an high inflammatory state of the urethra, which for the most part comes on immediately, or very soon after such check; I must now endeavour to describe the inconveniencies of suffering irritation and inflammation to continue too long, when no restraint has been put to this secretion—Those, may be considered as early, but these are, late symptoms.

I will now suppose that none of the various accidents, above described, have taken place; but that the gonorrhœa has gone on regularly in its course till the inflammation is at its height, with more

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or less of a chordee, and a purulent secretion, but that secretion diminished, by the natural progress of the symptoms. If in such state, irritation be long kept up in the urethra; what was in the first stage of the clap, inflammation principally, at the orifice of the membrane; and what in the second, was a general one, extending from that orifice to the neck of the bladder, may become a partial affection of some one particular spot of the urethra only—The inflammation is no longer equally diffused throughout the whole membrane, but it is, as it were, concentered, to a single point. There the patient feels unusual pain, whenever the urine passes over it. Thence, comes a thin gleet kind of discharge, sometimes without, but oftener with chordee. This kind of affection is, I believe, the general precursor to a future stricture. And though I can by no means allow of the existence of an internal ulceration, in the more early stages of a gonorrhœa; yet this partial affection of the urethra, seems to be analogous to common ulceration

ation on other parts of the body; but it is rather the consequence of long continued inflammation, than of infection.

In the last stage of a dysentery, there is frequently an ulceration and partial concentration of disease in the colon and rectum, though the part originally affected was the small intestines. So in gonorrhœa, if the irritation be long kept up, one particular part of the passage may become more affected than the rest of the canal: if the disease is not checked by injections, the affection is principally within a small distance of the orifice, in the large lacunæ of the urethra; this being the spot, that receives the stimulating secretion from every other part of the passage. But, if injections, or other means of checking the discharge, have been used prematurely, the ulceration may be higher up in any part of the urethra, beyond the reach of the syringe. Ulceration may also take place internally from a partial sloughing of the mucous membrane.

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The healing of these ulcerations is tedious, and often extremely difficult; but be the period of healing, what it may, for the whole of that time, there is more or less of a gleet. And as the sore heals, a preternatural contraction gradually takes place at this diseased part of the passage. The fine cellular texture of the urethra, surrounding the ulceration, is lost or obliterated, by the cells having grown together, and a greater or less degree of stricture remains ever after. It has been often matter of surprize to me, that strictures do not always produce their usual symptoms, immediately upon the suppression of the kind of gleet above-mentioned. They certainly sometimes do, but they frequently do not; on the contrary, the latent complaint sometimes continues for years, till that rigidity which seems to be the natural consequence of time and of age, gives a considerable degree of contraction to the imperfect, or half formed cicatrix. The symptoms then become pressing; the stream of urine is not only small, but the natural
passage

passage is so diminished in diameter, that the urine often comes away by drops, with dysfury and heat. The patient often gets up in bed at night, with an inclination to discharge his urine, which comes away in small quantities, but sometimes his efforts are painfully fruitless. The urine is sometimes free from mucous sediment, but very frequently the chamber pot shews this kind of deposit, which sometimes subsides without adhering, and sometimes adheres in considerable quantities to its bottom. It is fortunate for the patient when this discharge makes its way along the cavity of the urethra, because it is then discharged, without the inconvenience of an external abscess. But sometimes the latent mischief undermines the urethra, and parts in close connexion with it internally, till at length an inflammation in perinæo arises, which goes on to suppuration; the matter is let out, or discharges itself; the external opening communicates with the cavity of the urethra, and through this opening a small portion of urine escapes when-

whenever the bladder is emptied, and being in a membrane that has been long diseased, sinuses run off from it, in various directions. When the matter has been lately let out, the disease has been called an abscess; when the opening has subsisted a considerable time, a fistula in perinæo. To add to the dreadful consequences of these cases, there is sometimes a diseased prostate joined to the abscess or fistula.

The truly distressing complaints, just described, may and often are produced by mismanagement during the inflammatory stage of a clap. But it is necessary, that the young practitioner should also know, that these remote consequences, namely, stricture, abscess, fistula in perinæo, and diseased prostate may arise from the suppression, of what may be called, a very trifling clap, even in its early stage, at a time when the symptoms of inflammation are extremely slight. And I have more than once been able to trace each of these unfortunate circumstances, to the use of a sedative injection,

injection, so difficult is it to form a right judgment of a supposed cure, so various are the symptoms of the disease, and so dangerous may its consequences be !

Having finished all I have to say, on the great infortunia of the disease, I must beg leave to call the Reader's attention once more, to the inflammatory stage of it, with an attendant chordee, and diminished increased secretion. (vide page 205). If, at this period, and under these circumstances, the disposition to inflammation be properly kept under, the chordee will be less violent ; the secretion will increase again with less acrimony than before ; the heat of urine, and general irritability of all the parts, will become daily less and less : and as the secretion is an evacuation, immediately from a part that was once inflamed, but which is now in a state of relaxation, the vessels of that part, will of course be unloaded ; till at length with the subsidence of the other symptoms, the increased secretion becomes trifling in quantity, and perfectly innoxious in quality ; it is no longer

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purulent,

purulent, and may be said to resemble the white of an egg, or a solution of gum arabic in water.

In this suite of symptoms (leaving the infortunia of the disease out of the question) the ardor urinæ with small discharge, and the inflamed open orifice take the lead; the general inflammation of the membrane comes on next; and lastly, the chordee. As to the disposition to metastasis, which may be supposed to exist in this disease, if not from its beginning, at least during the height of the inflammatory symptoms; I can only say, that if the gonorrhœa be suffered to pursue its own course without check, such metastasis may never shew itself: It may notwithstanding make an essential part of the disease; and in this light when it can be known, it may be considered as a leading mark of discrimination. But as it sometimes does, and sometimes does not appear, not even when the discharge has been prematurely checked. It may be asked, how is the virulent gonorrhœa to be distinguished without this circumstance?

stance? It may be generally known, by the inflamed open orifice, the purulent discharge, the ardor urinæ, the general progress of the symptoms as they come on in succession; by the regularity, and permanency with which they hold their respective courses; and lastly, by the chordee. A great stress has been laid on the inflamed open orifice, as a mark of discrimination: it certainly sometimes occurs in cases, not venereal.—A gentleman who constantly kept the glans, and consequently the orifice of the urethra uncovered by the prepuce, had very frequently from the friction of the orifice, against the rough serge lining to the flap of his breeches in cold weather, a running, a heat, and inflamed orifice, and it was cured simply by defending the part from irritation, with a piece of common plaster.

It is very difficult, and I believe in some cases, hardly possible to know the disease, when in its infancy; time alone must discover its true character; and modern industry does not seem

to me, to have made much progress in this matter. What was long ago a difficulty to Fallopius, * has remained a difficulty to the present day. If in the first stage of gonorrhœa, there is no symptom of inflammation, no inflamed open orifice or heat, but simply a running, either with or without a slight appearance of purulency, the diagnosis of the disease, has ever appeared to me doubtful; and it is only by the symptoms arising during its progress, that it can then, be distinguished from some kinds of gleet, and from other gonorrhœa, which may be called *simple*.

These

* Gonorrhœa decocto curatur, non per localia: sed quis quæret quomodo cognoscitur hæc gonorrhœa gallica a non gallica, hoc opus, hic labor est; nam in gonorrhœa gallica, adest idem color seminis et uti ex coitu una provenit, ita et altera; habemus tamen conjecturas, et ego multas, habeo prima est; quando incipit gonorrhœa gallica, non est ardor vel pruritus ingens, qui est in non gallica, in qua exulceratur canalis urinarius et tunc succedit stranguria, qui est appetitus semper mingendi; secundum indicium est, ex diuturnitate, quia gallica longa est; non gallica, citius cedit nisi fuerit ex catarrho. Tertium, quod in gonorrhœa non gallica (si copiosa est) consequitur corporis

These, generally come on very soon after connection, without an inflamed orifice; sometimes with a thin, sometimes with a somewhat viscid kind of discharge, which stiffens the linen; it is generally copious from the beginning; sometimes slightly purulent or pus-like, and sometimes not; it may be attended with very slight ardor urinæ, or may not; there is rather local irritation than inflammation, and the disease hardly ever amounts to a slight chordeè, but after the glands have discharged themselves, rather plentifully for a few days, the running ceases; in

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this

poris consumptio; gallica etiam diuturnissima non ita absumit corpus; præterea gonorrhœa gallica brevi tempore spatio semel coeundo concipitur. Ultimo, gonorrhœæ gallicæ non possunt cedere medicamentis localibus, reliquæ per inunctionem testium, renum et assumptione medicamentorum per os cedunt facilius. Sanamus autem gallicas: per decoctum guaiaci et falsæ; ad localia raro venio, quia raro succedunt.

It is remarkable that this author who wrote many years after Vigo (who does not mention a gonorrhœa, but the exulceratio canalıs urinarü) should call the simple gonorrhœa, viz. the gonorrhœa non gallica, an ulceration of the urinary canal; and this is some kind of proof, that Vigo did not know the gonorrhœa gallica.

this manner it will sometimes run its course within the short space of a week or ten days, but it may continue longer; a discharge like this, may come on from a primary affection of Cooper's glands or the prostate, from the reproduction of an old gleet, and from scrophula, or scorbutic acrimony. That the two last, should be causes of gonorrhœæ, is not to be wondered at, when it is considered, that habits subject to these vices, are liable to morbid affections of the finer glandular secretions, thus the ciliary glands of the eye-lids; the internal membrane of the nose, and to come nearer to the present point; the glans and prepuce are very frequently inflamed, excoriated, and have an increased discharge from them without the admixture of any, the smallest portion of venereal leaven, and evidently from these causes.

A little attention to the marks of discrimination given above, will, I flatter myself, enable the young practitioner to distinguish these cases, from the gonorrhœa virulenta, when they are not accompanied with

with much inflammation; when they are, the diagnosis is certainly difficult; but even in that case, a due regard to the progress of the symptoms and appearances will generally lead him right. In exercising his judgment in this matter, he must place but little reliance on the purulency of the running, as a mark of virulence; for the increased secretion, even from a common catarrh, is frequently both purulent and green.

A man possessed with scepticism, who did not believe in the general doctrine, that the gonorrhœa was a subordinate branch of the lues venerea, may perhaps say, that what was known long before the æra of that disease, under the name of Brenning, was no other than what we now call a virulent gonorrhœa; that it may arise in various ways, and from causes specifically different from venereal infection; that it may be produced by the *pediculæ inguinales*, to which both **Sexes** are liable; or, if not by these, that other *anamalculæ* may insinuate themselves into the orifice of the urethra, there deposit
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their ova, and produce considerable irritation; and he might add, that the usual time for the propagation of anamalculæ, namely, at the latter end of spring, or beginning of summer; was precisely that, in which gonorrhœæ were most prevalent, —or if these are not among the causes of gonorrhœa, that it may be produced by *irritation* of any kind, directly applied to the urethra, Cooper's glands or the prostate; but that the most common one, was that raised by venereal ideas, by which the parts usually affected in Gonorrhœa, became irritated, overcharged with blood and at length inflamed; and that, as a natural consequence of this local inflammation, being in the immediate vicinity of a mucous membrane, an increased secretion or discharge arose, by which it was terminated; and that it may be also produced by a scrophulous or scorbutic indoles, or by a catarrhus defluxion. But be the immediate causes of this disease what they may, that it was similar to that species of Gonorrhœa, to which the canine race of animals are subject.

And

And that the doctrine of its having had a venereal origin, though general may be erroneous and have only served for ages past, to sanctify medical error. To such a person, I confess, I have no direct proof to offer, that can fairly invalidate his arguments; for the doctrine of the venereal gonorrhœa, being a modification of syphilitic infection, has certainly been hitherto believed, without proof; and as this matter has never yet, in my opinion, been fairly brought to the test of experiment, both the believer and unbeliever, must wait the result, of that fairest of all modes of trial, and abide by the decision.

Every species of gonorrhœa may be combined with chancre, chancrous excoriation, or venereal bubo, without any the smallest natural connection between them; when it is combined with chancre the gonorrhœa generally shews itself first; the chancre not till some considerable time afterwards; each holds its own separate course, seemingly without the smallest dependance of the one symptom upon the other. If we reflect, that the
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apthous chancre may, and often is for many weeks exceedingly small, and without inflammation; we may readily conceive that a gonorrhœa may naturally not only appear first, but run a great part of its course, before this symptom is perceived. This distinction has not been attended to, and it is one reason, why Gonorrhœæ have been supposed to bear a close affinity to chancre, and to lead to the same general infection of the system; and by the bye, the probability of this combination, if there were no other reasons against it, is in my opinion, a great objection to the use of sedative topics in the first and second stages of a gonorrhœa. For the slovenly manner in which an injection is generally used, occasions the sedative to be applied to more parts of the glans than one, and on these parts there may be the concealed rudiments of one or more chancres.

Having mentioned the natural order in which the two symptoms generally appear when combined in the same subject; I must observe further, that the receipt
of

of chancrous infection or chancre, at a period somewhat remote, by one connection, and the receipt of gonorrhœa, at a time subsequent to that, by another, may cause the two appearances to take place nearly together, or may even be the reason, why the chancre shall shew itself before the Gonorrhœa; but this seldom happens, unless the chancre be of the spreading, and most irritable kind.

With respect to the virulent Gonorrhœa in women—As Inflammation is the predominant circumstance in the disease when it affects the male, so is it also in the female. If from a suspected connection there arises inflammation in the mucous glands of the vagina, attended with a discoloured secretion, or if the like symptoms affect the parts about the female urethra, or the urethra itself, and the woman is in other respects in good health, this is a strong presumption that the complaint is gonorrhœal. If there is no appearance of inflammation, but simply a discoloured discharge, to which she has never been
accustomed

accustomed, it is possible that she may have received chancrous infection. In this case the discharge after some time increases considerably, and there arises most frequently a correspondent affection of the lymphatic glands, in one or both groins; and when these concur, even though there is no external, or visible appearance of ulceration, the nature of the case can seldom be doubted. This, however, is chancrous, it is not strictly speaking, gonorrhœal.

Besides an appearance of inflammation, tenderness, pain, heat, and a frequency in making Water, do sometimes attend the Gonorrhœa in women; but as these circumstances may also arise from other causes, the diagnosis is often doubtful, I have known all these symptoms, except the inflammation, arise from a venereal excrescence within the urethra. But, if in any case a purulent mucus can be pressed either from mucous criptæ, of the vagina, the urethra, or other contiguous surfaces, the affection is, probably, gonorrhœal; and whether these circumstances

stances are observable with or without the other symptoms above specified, they appear to be leading, and should therefore be attended to. Whatever the reason may be, I will not take upon me to say, but the Gonorrhœa, is much more frequently met with in men than in women.

REMARKS ON CERTAIN DISEASES,

SOMETIMES CONNECTED WITH

The Lues Venerea and Gonorrhœa.

IT would be, perhaps, needless for me to make any observations on the supposed origin of the Venereal Disease, if there were not some circumstances mentioned by the early writers, which tend to shew an affinity between that, and some other defœdations of the skin.

It has been generally believed, that the *Lues Venerea* was imported into Europe, by Columbus. Sydenham supposed, that it came originally from Guinea, and others have imagined, that it arose in the way of an epidemia from certain alterations in the atmosphere, occasioned by inundations, &c. &c. And that this, like other epidemic diseases spread, at the same time, into several different countries. With respect to this last opinion, I shall only say, it is now well known
that

that this disease is communicable only by inoculation, or the contact of venereal matter, and if it had arisen as an epidemia originally, it would probably have been still epidemical, but this is by no means the fact. And I very much doubt whether it was introduced by Columbus. According to Baptista Fulgosa it appeared in Italy two years before the arrival of Charles the Eighth of France at Rome, which was in the latter end of December 1494, so that it must have been in that country, so early as the beginning of 1493, and the same year, according to Gaspar Torella, it broke out at Auvergne. Columbus set sail from Palos, on his first voyage, August the 3d, 1492, and as he returned on the 19th of March 1493, it had probably made its appearance in Europe, before his arrival. Ferdinand Columbus, who wrote the History of his father's life, gives a very particular description of the diseases which afflicted the Spaniards, and Columbus himself, to the year 1496, but to that time, there is no mention of such a disease as the venereal.

The testimony of Leo Africanus, seems to me, to throw much light on this very intricate subject. He says, that the disease was brought into Africa by the Moorish Jews, immediately after they had been driven out of Spain. The barbarous edict for the expulsion of these unfortunate people, was published in March 1492, they were allowed four months to depart, and left the kingdom, in June of that year. According to a modern writer, they amounted to thirty thousand families, or one hundred and fifty thousand persons; Leo speaking of these people, says, *Ubi in patriam jam rediissent, ceperunt miseri quidem, & sceleratissimi Æthiopes, cum illorum mulieribus habere commercium, ac sic tandem, velut per manus pestis, hæc per totum se sparsit regionem, ita ut vix sit familia, quæ ab hoc malo remansit libera* *.

The greater part of these people were merchants of the ancient kingdom of Grenada, many of them had been shut up within the walls of the city of that name;

* Vide Astruc.

and had long suffered under civil and military persecution. Under these circumstances, it is not to be supposed, that they could have been properly attentive to cleanliness. The Leprosy was a common disease among them. The hardships they underwent, and the situations in which they were placed, must have rendered this complaint particularly loathsome, in a hot climate; and, if it really be a contagious disease, have added greatly to its malignity. With this principle of contagion about them, they were dispersed chiefly in Africa, but as a trading people many of them must have emigrated to every commercial country of the world, and if the venereal disease arose as a modification of the Leprosy among these people, they must have spread it, far and wide. And this will account for the appearance of the disease in different countries, at nearly the same period of time.

Having mentioned the above circumstances, I leave every man to judge, whether it is not most probable, that the

disease arose before the generally supposed æra, at the siege of Naples, as a modification of some other disease, or diseases, then subsisting, either in Europe, or Africa. At this distance of time, amidst a contrariety of opinions, there is no saying any thing with certainty; it is however very possible, that the African blacks, or as the last mentioned author calls them, the Æthiopians, might have been themselves capable of adding some kind of infection, that of the Yaws for instance, to the Leprosy, and thus by the combination of two infections, a new arrangement of symptoms might be produced, essentially different from both, but having some kind of affinity to each; and such a combination may, perhaps, have formed the lues venerea, originally.

If there is, in nature, such a thing as a generic character, under which diseases of different species and varieties may be arranged, I should rank the venereal disease, the elephantiasis, the leprosy, the yaws and perhaps the scrophula,
under

under the same genus—for there seems to be a striking affinity between them. Writers have made a distinction between the *Lepra Arabum* or *Elephantiasis*; and the *Lepra Græcorum*, or *Leprosy*. The symptoms of the two diseases, as they have been described, are certainly different, but yet they seem to be different modifications of the same disease, varied by climate and other circumstances.

The falling off of the hair, from the eyebrows; the ulceration and thickning of the nostrils; the affection of the bones of the nose, and falling of the vomer; the rotting off of the nails; and the rhagades, which take place in some kinds of *Leprosy*, shew the affinity between this disease and the venereal; and the resemblance of the latter to the yaws, is no less remarkable from the nodous affection of the *periosteum*, being also a frequent occurrence in this disease. And there seems to be no more absurdity, in supposing, that the venereal disease was originally produced by a mo-

dification of the leprosy or yaws, or by a combination of both, than in supposing what is the generally received opinion at this day, that the *Gonorrhœa Virulenta* is a modification of the *Lues Venerea*.

I believe that the true æra of the disease was either coeval with, or immediately consequent to, the conquest of Grenada, by the Spaniards: but that the concourse of people, which afterwards resorted to the siege of Naples, was a powerful means of propagating it, still more universally. And this circumstance, perhaps, laid the foundation for the prevailing opinion, that it first appeared during that memorable siege.

But the affinity between *Lepra* and *Scrophula* requires a more particular discussion.

A man about fifty, corpulent, and of a coarse, florid complexion, with a settled red in his cheeks, and light hair, was subject to hard, thickened, and elevated Rhagades, with a yellowish white crust, in the palm of one hand. To this complaint he had been subject for many years, and it probably did not originate

originate in any thing venereal. It first began with a scorbutic kind of eruption on the head, after he had been cured of the itch. Upon the eruption going off from thence, it attacked the palm of one hand. After continuing there for some years, sometimes in a quiet, and sometimes in a stiff, painful state, in the form of Rhagades, the affection left that hand, and attacked the other, in the same manner. It would be sometimes scurfy, and scarcely elevated above the skin: when in that state, it was no great inconvenience. But the skin, in the clefts of the hand, would at times, be considerably thickened, and raised into a number of hard, large, purplish kind of knobs. The part was affected with a troublesome itching, and the tumours, upon touching them, appeared to be insensible, or nearly so; as is the case in the true Elephantiasis, and in some kinds of cancerous tumours. Every year, as summer advanced, the Rhagades would get worse, be more elevated, harder, and of a deeper hue.

The general complaints to which he was subject, were head ach, indigestion, sickness, and irritation at the neck of his bladder, &c. Partly from the natural formation of his prepuce, and partly from the same indisposition affecting the mucous surfaces of the glans and prepuce, there was between these parts, an affection similar to the Rhagades on his hand. And, in consequence of both, an incomplete phymosis, with a thickened prepuce, and a scorbutic kind of crust.

The wife of this man was of a sanguineo—melancholic temperament, of a swarthy complexion, dark eyes, and black hair, subject to gout, but without any appearance of a scorbutic or scrophulous taint.

A son from this couple, at the age of eighteen, had a scrophulous affection of one of his knees, which, notwithstanding every assistance that could be procured him, ended in an incurable Hectic. This young man's temperament inclined wholly to that of the father; like him he had blue eyes, and light hair, but was of a more delicate make,
with

with a clearer and finer skin. Besides a diseased knee, he had scrophulous glands in his neck, and when he was greatly reduced by the hectic, a hoarseness came on, and after this, upon examining his throat and mouth, I discovered an erosion of the *ossa palati*, and the opening was nearly an inch in diameter(*a*).

The Rhagades; to which the father of this man was subject, I take to have been a modification of the Elephantiasis, or a species of leprosy. And from the *raucedo vocis*, and erosion of the palate, which affected the son, I am inclined to think that he also, had one of these diseases in his habit, but that the form in which it appeared in him was the *scrophula*. In another family I know two children, one of which had a glandular swelling of the scrophulous kind; the other, a rough scaly, dry, thick kind of skin. The father, I have reason to think, is scrophulous; his mother

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(a) See the account of the Leprosy *London Med. Observations and Enquiries*, vol. 1 page 201.

had a cancer, and every one of his children (and he has several) have that peculiar kind of hoarseness, to which scrophulous persons are sometimes liable. I am acquainted with a third family, one child of which slept with a servant who had a number of leprous spots upon her, and was soon covered from head to foot, with an eruption, very like that of the servant, but got well by small doses of the *Æthiops Antimon*. This child was, perhaps, predisposed from his father to this affection; for the latter, some years after this, was seized with an appearance truly scrophulous. I have seen leprous spots, like those of the servant in a temperament, which, from the colour of the hair, the eyes, and complexion of the skin, is probably scrophulous; though it differed from that of the young man, whose history has been just given. This leprous affection was in a lady who had dark hair, black eyes, and a florid complexion, but her skin was coarse and thick, inclining to yellowness, dry, and rough—not then supposing

that

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that there was any, the smallest affinity, between such a leprous affection and scrophula, at her earnest desire I undertook the cure of it, and succeeded, by giving her a strong decoction *Cort. exterior. Nuc. Jugland.* Whether any other disease has since arisen, in consequence of this, I have not yet learned: but, if my present ideas of scrophula be just, the absolute cure of such a leprous complaint, if it were always practicable, would not, perhaps, be always safe.

If there is a natural affinity between the venereal disease and the above, it will account for the coming on of the leprosy, or scrophulous complaints after the cure of what were originally venereal; and this may be one reason, why one person may be curable with greater difficulty, and suffer more from this disease, than another.

There also seems to be an affinity between the leprosy and one species of cancer, and this connection may perhaps dispose venereal patients to cancerous tumours; and to shew this affinity, it is only
 necessary

necessary to compare an adherent scirrhous tumour of the breast, of long standing; and, for the most part, late in life, with the Rhagades above described—the same increment at particular periods—the same itching uneasiness—the same crusty appearance at some one particular part of the tumour, or tumours, the same hardness, insensibility, and hue, prevail in the one as in the other.

I have met only with one single instance of a scirrhous tumour of the breast, tending to cancer, coming on after the cure of venereal symptoms, and this man had been previously subject to symptoms of a diseased prostate; and, upon the cure of these by mercury, the tumour in the breast arose.

It more frequently happens that the testicles in men; and the uterus in women, become cancerous from this cause.

If it should be asked, upon what presumption, can a case, originally venereal, become cancerous? My answer is, if there is the smallest affinity between
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tween a disease, which is not constitutional, and which may have been partially or imperfectly cured, and one, which, though it may never have appeared, may yet have existed from birth in the habit in a dormant state, the adventitious disease may rouse up that which has been long concealed, and thereby occasion the latter to take the lead. And this is, perhaps, the case whenever a cancerous complaint, after the real, or supposed cure of the venereal disease, attacks a glandular part, whether it be the breast, the testicle, or prostate. I have, however, met with but one instance of an affection of the prostate from the venereal disease, properly so called; and that affection was not cancerous, for it was cured by mercury. It is however fair to suppose from analogy, that the same specific infection, which sometimes attacks the epididymis and testicle, producing a general tumour of a pyriform shape, as in the venereal sarcocele, may also, sometimes, produce an enlargement of the prostate gland. But I have never yet

yet seen this gland become cancerous from the same cause. When I say this, I except those diseased affections of the prostate, which sometimes arise in Gonorrhœa; and those also, which are sometimes the attendants on age. And, as was before said, I have met with but one scirrhous tumour of the breast, arising after the supposed cure of symptoms truly venereal. I could never trace a cancerous prostate to the same cause. But I have seen some cases of cancerous testicle, which have arisen in that manner.

The foregoing observations have a reference only to such scirrhous and cancerous complaints, as sometimes supervene to the venereal disease, properly so called, when it has arisen from previous chancre, chancrous excoriation, or venereal bubo.

We shall presently shew, how, and in what manner, other circumstances may co-operate with those already mentioned.

Besides some particular circumstances, which appertain to Gonorrhœa, as a singular modification of venereal infection, there

there are others well worth notice, which are sometimes connected with it, and depend principally on habit; and these have sometimes no small influence in rendering the same disease more violent in one person than another, and its consequences, more distressing. Thus, for example, in the pure sanguineous temperament, the tendency to inflammatory diathesis being great, the symptoms of the disease are more frequently strongly marked, the heat and chordee violent, and the consequences, to be expected, are those arising from the long continuance, and obstinacy of the inflammation. If, to a constitution so disposed, there be also joined a scrophulous or leprous acrimony, the disease will be rendered still more obstinate, because the mucous surfaces and glands usually affected in Gonorrhœa, may, and very frequently are affected, simply from these causes.

A young gentleman, subject to an habitual eruption on his head, of the scorbutic kind, had it repelled by a topic. The disease then attacked the glandulæ
odori-

odoriferæ, producing increased secretion, inflammation, and beginning phymosis. Upon removing the affection from the glands and prepuce by a sedative, the former eruption returned again to the head, and there continued. If it had so happened, that a Gonorrhœa was existing at the time the eruption was driven from his head, the metastasis might then have been made to the urethra, or even to the prostate. For it is no uncommon thing for those who have this vice of constitution, to have purulent discharges from the urethra, resembling Gonorrhœæ; and arising, not only from the surface of the membrane, but from a primary affection of Coopers glands or the prostate: but its more frequent seat in the male is the glandulæ odoriferæ. This kind of habit is scrophulous, and may frequently be known by a thinness of the eye lashes, by a redness, and as it were rawness of the mucous glands of the eye-lids. This indisposition may be inherent to a lax, weak temperament, as well as to that which is robust and prone to inflammation.

mation. But when the lax constitution is not disposed, from intemperance or other causes, to erysipelas, the consequences from inflammation are not so much to be dreaded. Persons subject to gout, sometimes experience great inconvenience, not only from the inflammability of their habits, but from that tendency to metastasis, which frequently prevails in this disease, and in a particular manner, distinguishes it from every other. A gouty defluxion on the neck of the bladder, on the eyes, and on the testicle, resembling a hernia humoralis, I have seen more than once.

A gentleman was under my care in 1770 for a venereal bubo, which suppurated, and afterwards healed under an alterative course. Having employed a sufficient quantity of the medicine to heal the sore and cure the disease, I suffered him to go into the country. He returned to me with a painful wound where the cicatrix had been, and a considerable degree of surrounding inflammation. At this I was much surprised,
and

and imputed the sudden alteration to violent exercise. But upon enquiry, I found this had not been the case. Within a day or two, the true cause of this sudden alteration shewed itself. He was seized in the night with a violent fit of the gout, for the first time in his life, which confined him to his bed. The sore immediately healed.—Persons subject to the gravel or stone in their kidneys or bladders from that consent, which the urethra and prostate have with these parts, are predisposed to inflammation. And Gonorrhœæ, in such persons, without great care, both on the side of the patient and practitioner may, sooner or later, terminate in stricture, abscess, or affection of the prostate. Nor can this be wondered at, when it is considered, that the irritation of a stone produces frequently inflammation, pain, and discharge of mucus from the internal coat of the bladder, ureters, and kidneys; and these surfaces, being, like the urethra, of the mucous kind, a pus like

like discharge may sometimes arise from them, resembling Gonorrhœa

There are principally two kinds of scirrhæ affecting the prostate gland. The one arises early, and, generally speaking, as a consequence of Gonorrhœa, and the other at a period much more remote, and towards the decline of life. The one arises, most frequently, as a consequence of inflammation, the other as a consequence of age, and sometimes happens to those who have never had a Gonorrhœa. The one is, strictly speaking, an acute, the other a chronic disease; the one generally arises in young men, or in men not passed the middle age, the other, comes on much later; the one is more immediately the effect of inflammation, of a date not very distant; the other is the consequence of that gradual waste or decay, which naturally takes place in, and ultimately destroys, all animal bodies. These are the two general principles: the concurrence however of a particular habit, of a particular acrimony, or other circumstances

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cumstances

circumstances may give to these principles additional force.

Morbific causes have generally been divided into the predisponent, occasional and proximate. But as it appears to me, in the present inquiry, impossible to separate the proximate cause from the disease, I must confine myself to the predisponent, and what I would call, the exciting causes.

With regard to scirrhus tumours in the breasts of women. Irritation and inflammation, long kept up in any glandular part, may cause it to swell, become tender, and even painful; and in this way, many scirrhus tumours, in young or middle aged women, come on originally without the smallest connection, immediate or remote, with Gonorrhœa or Lues Venerea. There is a very particular consent between the uterus and breasts about the time of the periodical return of the catamenia, in many women; which is indicated by a fullness, tenderness, and sense of weight, in these parts, a short time before the evacuation from the uterine vessels commences. The partial application

plication of cold and many other causes may check, or totally obstruct, this evacuation, and thereby occasion a congestion or load in the glands of the breasts. When that has been once effected, a disposition to irritation and inflammation is given. It will depend on other circumstances, whether this affection will ever amount to a scirrhus. The catamenia returning, there being no other cause applied, it is very possible that the fullness and congestion may go off. But, if a blow is given, or if a second inflammation arises—if there is a tendency to scrophula, or what I would call a leprous taint, in either of these cases, the gland or glands injured, may enlarge more, be more painful, or remain in an indolent state, according to the violence or activity of the exciting cause. And in this manner, many scirrhi become troublesome, and even cancerous to women, long before, what seems to me to be, the natural period of life for this disease.

So in men, when irritation and inflammation have been long kept up in the

prostate gland, from one or more claps, this body may become enlarged. And when this is the case, the tumour, from its natural situation at the neck of the bladder, cannot possibly be much increased in size, without lessening the diameter of the urinary canal at this particular part. The stream of urine must therefore be more or less contracted, and in proportion to the degree of contraction the urine will be made, with more or less difficulty; and every effort, to discharge the contents of the bladder, then becomes an additional stimulus. This might naturally happen, if the diseased gland was the only part of the neck of the bladder affected, without any obstruction to the excretory ducts, which lead from it and open into the cavity of the urethra. But the affection is not always so simple as this. For not only the membranous and other parts of the urethra, are, at the same time affected with stricture, but the long continuance of the inflammation at the neck of the bladder, sometimes injures the verumontanum,

tanum, and obliterates those openings, by which the semen and natural secretion from the prostate are discharged, in every healthy man, into the urethra. What the precise consequences, from such an obstruction, may be, is difficult to say, but it may be fairly inferred, that a gland so obstructed, is strongly disposed, from the circumstances in which it is placed, both to scirrhus and cancer. The usual portion of blood to the part, and the secreting operation of the gland itself, may indeed continue; but if the natural passage by which the secreted fluid is to be discharged, is obliterated, such fluid, in consequence of its retention may become acrid; heat, pain, further enlargement, and distention, may then take place throughout the tumour. And these circumstances may continue so long, and be so violent, that a portion of its internal substance may actually slough. If this happens, a very irritating, extraneous body will be formed which will be perpetually stimulating the parietes of the gland, and, as it were,

§ 3 solliciting

its own exit; but without effect. Until, by the long continuance of the irritation, pain, and distention, the gland becomes highly sensible to the touch, and thoroughly diseased. The habit of the patient, participating with the local irritability—the dispendium of spirits and discharge being great—he at length becomes hectic.

To this suite of symptoms, a Gonorrhœa may be the first, or the exciting cause, and a scrophulous habit, the predisponent one, and from the combination of both, the disease may be produced; or Gonorrhœa may produce it alone, without such predisponent cause. But I am much mistaken, if I have not known it come on in a scrophulous habit as an idiopathic disease, with a Gonorrhœa, but that Gonorrhœa, not venereal.

Many cancerous testicles in men, and diseased breasts in women, even early in life, when they arise without any known exciting cause, such as a blow, inflammation, &c. are perhaps idiopathic, that

is,

is, original diseases of the habit, attacking these particular parts.

The observations, hitherto made, are applicable to persons, who are young, and in the vigour of life, as well as to those who have not yet past its meridian. But when after that, age advances with hasty strides, then, both the predisposing and exciting causes, above mentioned, are more to be dreaded; and in addition to them, there naturally arises other circumstances, which may render, what has been perhaps for many years, a simple glandular enlargement, or simple indolent scirrhus, truly cancerous.

The learned Baron Haller has given two very ingenious hints respecting the use of the lymphatic glands, and the origin of scirrhous tumours *;

“ Boni aliquid has glandulas vasis
 “ lymphaticis et lymphæ præstare satis
 “ certum est, cum nullum vas lymphaticum lacteum-ve ad suam insertionem
 “ perveniat, quin in aliquam glandulam
 “ ramos prius distribuerit ramosque ab
 “ eadem reduces receperit. Chylosus suc-

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“ cus,

* Vide Prim. Lin. Physiolos, p. 109.—Gotteng. 1752.

“cus, quo hæ glandulæ in junioribus
 “hominibus et animalibus replentur, et
 “niger ille, quo turgent in pectore seni-
 “li demonstrat fecerni aliquid de fan-
 “guine in his glandulis, et affundi, lym-
 “phæ chylove, in cellulosa forte spatia
 “expulsis. Magnitudo et integritas in
 “junioribus, corruptio et destructio in
 “adultis, senibusque, suadent, hanc se-
 “cretionem, in juniore animali integer-
 “rimam, in senio perire. Non alibi
 “crebrior scirrhus.”

The above facts, relative to the lym-
 phatic glands, deserve a very particular
 attention. For an alteration of structure,
 and secretion, certainly prevails in o-
 ther glands, as well as in them, at par-
 ticular periods of life. As for example,
 in the glands of the female breast, when
 the catamenia no longer appear; and in
 the testicles, and prostate of men, after
 the power of propagating the species,
 ceases. If age, therefore, produces some
 remarkable changes in these glands also;
 and if the lymphatic system is concerned,
 in their formation and functions, which

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I believe is indisputable, it follows, both from the concurrence of a similar cause, as well as from that connection, which these glands must have with the lymphatic system, that the same disease may be produced in them, in nearly the same manner. If this is not the case, it must however be allowed, that age is certainly a very powerful predisponent cause to cancer. In a woman, upon the cessation of the catamenia, those parts, which nature made subservient to parturition, and the nourishment of the child after birth, then become useless as far as respects these important purposes. The female ceasing to have the periodical plethora in her breasts, and uterus, and that natural evacuation which takes this painful affection off—the glands, situated in these parts, probably put on new appearances—the circumstances, in which they formerly were, are now totally changed; and from that time forward, they are regulated by new laws. And whenever in man, that period of life arrives, at which he loses the power
of

of procreating from age, then a revolution takes place in his system, somewhat similar to that, in the female sex. The testicles and prostate become uselefs, their internal structure is altered; and if they still continue capable of secretion, that secretion is so totally changed from what it was, that it probably has a tendency to become acrid. Why are some of our secretions, but particularly those of the pudenda, more fætid in old, than in young persons, if age does not impart this acrimony? Why are old animals generally allowed to be more strong, and more rank than young, and why is the urine in them most frequently more offensive.?

Co-operating with this local acrimony of the parts subservient to generation, and the secretion of urine, there is another circumstance, which often tends to increase the other maladies of age. The bladder loses its wonted powers of dilatation, and retention; and is no longer capable of containing so large a portion of urine, as formerly. Thence arises a frequent irritation to make water, and
the

the urine is small in quantity. These natural consequences of age, may be made much worse, by what is called the gravel, or stone in the kidneys, or bladder. But these affections, like a simple enlargement of the prostate, may be merely local, and the production of a cancer seems to require the aid of other circumstances, to give activity and malignity to these causes.

From the great difficulty there frequently is, in curing even a slight wound, or sore of the leg, in persons passed the middle age, whose constitutions are not perfectly good, it may, I think be fairly inferred, that there is frequently a disposition in the system, about that time, or after it, to local chronic inflammation; and this, when once produced, is very apt to become habitual. The numerous instances, daily met with, of ulcerations in the legs in some habits, and particularly in elderly persons, which can by no art whatever be perfectly healed, or if healed, are followed by some worse disease, show most clearly, that towards the decline

cline of life, this local inflammation and drain are often highly necessary to health.

If we look farther into the habitual diseases, incident to the same period, we shall find that chronic rheumatisms, catarrhs, asthmas, disposition to erysipelatous inflammation and gout, are very common. The hæmorrhoids begin frequently much more early, even during the vigour of life; and continue throughout all its subsequent stages. And according to the prevalence of each of these complaints, after they become habitual, and recur at certain or uncertain periods, so have they a greater or less tendency to keep off many other diseases. This is particularly remarkable with respect to the gout. For so long as this disease continues regular, it is perhaps the best preventive to the bad effects of a scirrhous prostate, but the moment it ceases to be a salutary effort of nature to relieve the constitution; when, after a long series of regular fits, it becomes anomalous, or when, by inattention, it has been made so; then, the balance in
the

the system which this disease has for years maintained, loses its influence. It is no longer the *vis medicatrix naturæ*, but leaves the body open and defenceless to the formidable attacks of other diseases. I remember an instance of this in a person aged 68 who took a wonderful deal of pains, to cure a kindly regular gout. When the disease left him, he grew debilitated, from being remarkably healthy and robust. It could never be reproduced. The symptoms of a diseased prostate soon appeared, and in a few months proved fatal. I am of opinion that the gland had, in this case, been enlarged long before the symptoms, denoting a scirrhus, appeared, and that these symptoms might have been kept off much longer, if the gout had continued regular, for he certainly had them not, before he altered the natural progress of that disease. Whenever therefore an habitual disease prevails in an elderly person, who has long had the seeds of a diseased prostate, it behoves the practitioner to pay attention to the revulsion and derivation
such

such habitual disease may make from the local one. And this will apply to all scirrhi, in persons subject to gout and other habitual diseases. Such attention cannot possibly cure the scirrhus, but it may keep it within moderate bounds, and thereby prolong the evil day.

Having shewn in many instances that there is at the period of life above specified, a tendency in the system to local chronic inflammation, or what may, perhaps with more propriety, be called a disposition to local chronic irritation; I come, in the next place, to the application of this principle to scirrhous and cancerous tumours in general, and to the particular subject of this part of the work, a diseased prostate at an advanced period of life. And I say that with respect to women after the middle age, when the catamenia have ceased, or are about to leave them, that the tendency to this chronic irritation is then strong, and continues for the remainder of life. The system is not only frequently disposed to the several diseases above enumerated: but their breasts and
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uteri, from that gradual decay, which time and age do constantly bring with them, losing their former functions, are particularly subject to injury, that a blow or any other cause capable of raising irritation on these parts, at and after this period, may produce a scirrhus; and this, when once produced, will, under such circumstances, probably go on with greater or less rapidity, till the glands affected become truly cancerous; and these consequences may take place, without the appearance of a scrophulous or other vice in the constitution.

So with respect to scirrhus tumours of the testicle and prostate in men, the like consequences of age, when added to the other causes, may give a similar disease; and these may happen when neither scrophula, lepra, lues venerea or Gonorrhœa have ever preceded, at any former period of the person's life, and without the smallest connection between these diseases and the complaint in question. But when the prostate gland

gland has been left, from a Gonorrhœa of a very old date, perhaps twenty years back, larger than natural; or when a stricture has been for years gradually forming, these will then give additional force to the other causes.

If the fact be that scrophulâ and leprosy are different modifications of the same disease, if the lymphatic and other glandular parts suffer an alteration in their structure, and in the qualities of the several fluids secreted in them, in consequence of age, it is fair to suppose that whenever a leprous vice is joined to these circumstances, the tendency to true cancer will be most strong. If other proofs of this affinity between scrophula, cancer, and leprosy be wanting, I can only say, that I have known the cure of a scorbutic or leprous spot, on the hand by the local application of sulphur increase the progress, and aggravate the symptoms of a malignant scirrhus in the breast.

And this habit I believe to have been scrophulous from some other circumstances

stances: let the hardened, purplish, elevated, insensible, crusty Rhagades, described page 245, be compared with that species of cancer, which is, for the most part, constitutional, immoveable, and attended with a diseased affection of the miliary glands of the skin in the female breast, and observe the striking similitude between the two diseases: let the causes, productive of leprous affection, be compared with those which are often the preludes to the appearance of cancerous complaints, among which, gross feeding may be reckoned one; and let the general symptoms which often prevail in both diseases, be attended to, indigestion, pains in the stomach and head, vomitings, griping uneasiness in the bowels, and biliary evacuations. If a fair comparison be made, I flatter myself, that the true cancer will be often found to be like the lepra, scrophula, and madness, an hereditary disease, and that they are all of them different modifications of the same specific vice, but affecting parts and persons in different ways. I knew

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a gentleman who had been leprous from childhood : his mother was a very healthy woman, his father was insane ; but whether added to that, he also was subject to the leprosy, I cannot say—Two sisters had both of them cancers in the breast ; the one was about fifty-five, the other about sixty ; the former lived well, the other, from her poverty or inclination, did not : the youngest sister had the cancer removed at the above age, and died from a return of the disease within six months ; the other lived many years afterwards : she had no operation done upon her, and then died from another disease. Another lady who, when turned of fifty, discovered a slight hardness and pain in one of her breasts, which had only been noticed within three weeks. The breast was not generally diseased, it was perfectly moveable ; the axillary glands were not affected ; she consented to the removal of the whole ; but from a return of the disease, lived only two years after the operation. I examined the breast after it was removed, and found it in general sound,
with

with a hardness seemingly not of the glandular kind, in one particular part only. From these instances, as well as from some others I could produce, I am convinced that the disease is not only very frequently a disease of the habit but sometimes hereditary.

Upon the whole, whether a diseased prostate takes place in a young, middle aged, or elderly person; the possibility of a leprous taint being connected with the other circumstances I have very fully mentioned, should be attended to. This taint may be more active in the production of scirrhus and cancer, at one period of life than another; but there is neither age nor sex in some habits, wholly exempt from it; it may therefore concur with other circumstances in youth as well as in the meridian of life; and at that time, as well as in more advanced age.

End of VOL. I.



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MDCCLXXXVII.



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GENERAL OBSERVATIONS

ON THE

METHOD OF CURE UNDER CONFINEMENT.

THE devastation made by the sudden and unexpected appearance of the *Lues Venerea* at the period mentioned in the former part of this work, called forth the attention of mankind to the wonderful properties of mercury; and fortunate it was for the human race, that the knowledge of the remedy followed in a few years after the propagation of the disease. Quicksilver extinguished, by rubbing it with axungia or some such substance, had, long before the æra of the *Lues Venerea*, even from the

days of Mahomet, been recommended for some cutaneous diseases by the Arabian physicians; but it had been always used sparingly, and with the utmost degree of caution.

At first, some of the most ignorant in matters of science ventured on its application to the *Lues Venerea*; from these, it passed into the hands of Berengarius Carpenfis, a very able surgeon, who employed it with astonishing success; and after him, it was adopted by Johannes de Vigo, and others. It is somewhat singular, that many of the medical writers in the beginning of the sixteenth century were, notwithstanding the evident utility of mercury, for a number of years, with very unbecoming obstinacy, attached to their old Galenic rules. But at length, though the prejudices against it were vehement, and though many errors must have been committed, during its early exhibition, by a rude and indiscriminate application, yet so striking were its effects, that it justly made its way against every obstacle.

There

There are three general methods, by which this medicine may be absorbed into the system, so as to be capable of acting on the constitution, and on the disease. First: It may be absorbed by the cuticular pores almost in any form, but modern practice has adopted only one, namely, that of inunction. In which the crude mineral, after purification, is extinguished by long triture with hogs-lard, or some such substance. The patient himself rubs this composition into the thighs, legs, or some other large surface of his body, with his naked hands. The physicians and surgeons of the sixteenth century frequently caused the particles of mercury to enter the circulation by the same route, but in a different way, by fumigating the denuded body; but this practice has been long out of use.

Secondly: It may be received by the mouth in a state of vapour detached from sulphur, by means of heat; as in the common method of fumigating the internal parts of the throat.

B 2

Thirdly:

Thirdly: It may be taken internally in a great variety of forms.

Each of these methods of introducing the medicine will ultimately raise the same, or nearly the same symptoms of salivation and its attendants. But there is a very great difference as to the manner in which they operate in bringing about these changes, and there is also some, as to the certainty with which they act on the disease.

Inunction is the most simple, and at the same time the most certain method of employing mercury; and, generally speaking, ruffles the constitution much less than any other. In this way, it may be received into the system, and completely mixed with the circulating fluids in any given quantity, and when the mouth becomes at length affected, it is in some measure secondarily; that is, from the natural attraction, or tendency of the medicine to the salivary glands, after it has gone the round of the circulation, in a fair and equable manner. Perhaps, it acquires the antivenereal effect, or what
has

has been improperly called its specific power, in consequence of a preceding, or attendant internal alteration produced in the animal fluids and on the living power: This change it brings about with the least possible disturbance to the machine, neither irritating the mouth nor the digestive organs, but as a general stimulant. The only inconveniences of the method are, an herpetic kind of eruption, which sometimes arises from its local stimulus on the part rubbed, and the labour of performing the frictions properly: But these inconveniences are trifling, when compared with the manifest advantages it possesses over every other method.

The modern practice of receiving the mercurial vapour from a decomposition of cinnabar by means of heat, simply by the mouth, has been most frequently ranked among the most powerful mercurial topics; and has been used, not so much with the intention to operate on the system in general, as to stop the rapidity of a particular symptom, by its immediate and local application to the part dis-

eased; and hence it has constantly been recommended as a powerful means of stopping the progress of a spreading ulceration of the tonsils, uvula, &c. But I must observe, that when thus employed, although its action is twofold, it is by no means so extensively useful as the method first described. For though it has certainly a powerful partial, yet it has, at the same time, but an uncertain, and in some habits, a very weak, general effect on the system; and for that reason, it follows, that whenever a more than ordinary disposition to salivation and its consequences prevails, this, as well as every other method of applying mercury directly to the salivary glands must be precarious; or, in other words, its immediate stimulus, on the organs which furnish the lymphatic discharge in salivation may bear an over proportion to the quantity of mercury admitted from the absorbents and in actual circulation with the general mass. This observation is particularly applicable to all those who from the natural sponginess of their gums, from

from a scorbutic acrimony in their blood, or other causes are predisposed to salivate readily. But when the contrary disposition prevails, and there is a great difficulty in raising salivation, and the proper concomitant internal changes, the disease being at the same time very little altered; in that case, a cinnabar fumigation, or perhaps any other local mercurial stimulant, will act with the most clear and decisive efficacy; and by imparting to the medicine the property it wants,—the power of salivating; the cure of the disease immediately follows the painful affection of the mouth and salivary glands. And when a powerful salivation follows this local stimulus, from the vapour of mercury, its general are sometimes no less remarkable than its partial effects, and it seems to cure as perfectly as any other mode of using this medicine.* But it is not by any means so universally applicable to every constitution as frictions.

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Mercur-

* Vide page 19.

Mercurials used internally are of various kinds and of different degrees of strength. In all of them the power of raising salivation and its usual attendants seems to be the predominant property; but they also act with more or less irritation on the stomach and bowels: thus *Turpeth. min.* in a full dose operates as an emetic—*Mercur. calc.*—*Calomel*—*Mercur. alcaliz.*—*Argent. Viv. cum Balf. Sulph. ext.*—*Solut. Subl.* even in small doses, will frequently become highly purgative. This effect makes them inconvenient to those who have tender bowels; not only from their stimulus on the intestinal canal, but because under this circumstance, only a small portion of the medicine can enter the circulation.

It was formerly a practice to give the *Turpeth. min.* in the dose of eight grains, as an emetic, by way of revulsion in *hernia humoralis*, but this has been long since disused; however there are some practitioners who still employ it in very small doses, as half a grain, with some
other

other less irritating preparation of mercury; and with considerable success.

Mercurius Calc. The crude mineral employed in the preparation of this medicine is generally thoroughly purified, and what is rather singular, after it has undergone a calcination for some months, it is neither increased nor diminished in its original weight; so that it is not only more free from admixture with foreign substances, but probably more pure than any other chymical preparation. It is very active, and at the same time perfectly safe. It should be levigated with the utmost care, to the greatest degree of fineness; and when so prepared will salivate very readily. It is however apt to run off by stool in those whose bowels are weak and irritable.

Calomel as an antivenereal is not, I believe, so powerful as *Merc. Calc.* It is however when levigated thoroughly, and this operation cannot be done with too much care, both a safe and efficacious preparation. Though both this and the *Merc. Calc.* are in large doses highly purgative,

purgative, yet it is no uncommon thing for moderate doses after two or three days exhibition to set perfectly easy; the intestines becoming in a short time accustomed to the stimulus. When they irritate too much they may be restrained by being joined with opium.

Mercurius alcaliz. and *Hydrargy*: extinguished by long trituration with *Bals. Sulphur.* irritate the digestive organs much less than any other preparation of mercury used internally that I have hitherto employed. They will salivate very readily. But the last, is by far the most powerful, comes the nearest in its operation and effects to frictions, and possesses so great a degree of antivenereal power, that I have known it cure not only when these, but the usual preparations of mercury for internal use, have failed.

Solution of Corrosive Sublimate. In this preparation the powers of the medicine, as an antivenereal, are greatly limited by its extreme acrimony. Though by giving the solution in small doses for a length of time, we can sometimes very certainly
cure,

cure, both when the intention is to salivate, and when it is not. Yet, whenever it is exhibited in a constitution accustomed to the stimulus of mercury, and in some others, in which the antivenereal change in the system is with difficulty raised, the quantity of the medicine in actual circulation being small, the impression made on the habit is often too weak: other antivenereals must, therefore, be joined with it to obviate this inconvenience; thus *frictions, Merc. alcaliz.* or *Merc. crud: Bals. Sulph. ext.* may be added; and from the operation of the two medicines there will frequently result a degree of power which they do not possess singly. The best vehicle for *Corros. subl.* is brandy; which should be diluted with a large portion of some watery fluid. Liquorice tea disguises the metallic taste of the medicine better than any thing I have tried.

I have given it as my opinion, that calomel and the solution of sublimate have, with little variation, the same specific antivenereal effects, as the preparations

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tions of the crude mineral; or, in other words; that the power of producing the necessary changes in the animal fluids, either with, or without a correspondent affection of the mouth, varies in degree only, in the different preparations; and taken, as a general rule, what has been said, is, I believe, strictly true.

But with respect to the solution, there seems to be, in theory, a further distinction necessary. Compare a grain of corrosive sublimate, (which is a chymical combination of crude mercury and the muriatic acid) with the same quantity of *pil: ex mercur. crud. (bals. sulph. extinct.)* Divide the grain of mercurial salt, and the same quantity of the pill, into eight parts; give an eighth of each, twice a day, for several days; and observe the result. There will be a much more speedy antivenereal effect from the sublimate, than from the preparation of the crude mineral; and yet the latter, when given in a proper dose, will cure with more certainty: it will cure even when frictions have failed. Whence arises this
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this difference? It is, perhaps, owing to the very intimate combination of the mineral with the muriatic acid which renders the sublimate readily miscible, and of easy assimilation, with the several fluids of the body. This property of the saline mercurials, may, perhaps, give them one advantage over the more gross preparations of the crude mineral, namely, that, of checking the progress of a venereal symptom sooner, than they do. If this is really a fact, the mercurial, which takes up the largest proportion of salt in combination, would be, perhaps, preferable, even to the solution. Ward's white drop answers to this description; as it is less acrid, and probably more diffusible in the animal fluids, than sublimate, it may deserve, even as an anti-venereal, more attention than has yet been paid to it. There are also other cases, in which the saline preparations may be singularly applicable. When genuine symptoms of the disease; such as chancres, venereal fore throats, venereal eruptions, &c. have been broken
down,

down, but not perfectly eliminated by the use of mercury, the symptoms which remain, or re-appear, sometimes, take a new form. They not only become anomalous; but shew that the lymphatic and nervous systems are viciated in a manner totally different from what is observable in a pox, uninfluenced by mercury. I have already mentioned * the case of a patient, who, after a supposed cure, had, for many years, a regular succession of symptoms, which appeared to have the venereal type, but which were too imperfectly marked to put on the natural, and more usual appearance of the disease. And I have sometimes observed, long after the cures have been performed, that a few solitary eruptions, resembling what are called scorbutic, but with something of the venereal hue about them, would break out, and give relief to wandering pains. Some of these cases may be greatly relieved, and others cured, by such saline mercurials, as pervade with facility,

* See the Anomalous Symptoms, Vol. I.

facility, the finer secretory organs. In these cases, I believe, the solution is preferable to calomel, and perhaps, Ward's white drop may be still more efficacious, than either. When the *Lues Venerea* has passed its acmè, that is, has proceeded in its natural course till it has produced an eruption, which has been removed by mercury; and that mercury has not cured the disease, but only enervated it, and given occasion to the rise of a slight affection of the periosteum of some one, or more bones, then also, the more active saline preparations, by circulating readily through parts, which the more gross preparations can reach, only by contact, or by producing the most unequivocal general effects on the system, may be highly useful.

If mercury is united with one particular preparation of antimony, a medicine will be formed which will approach somewhat to the idea generally entertained of an alterative antivenereal.—Crude mercury, rubbed down with *bals. sulphur*, we have elsewhere observed, is
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one of the best methods of making a very safe, and active preparation for internal use. Triture the mineral with *flor. sulph.* and it becomes, as an antivenereal, inert; but incorporate *calomel* with *sulp. aur. antim.* as in Plummer's pill, and the compound shews more activity than the *Æthiops*, but considerably less, than the crude mercury extinguished with balsam of sulphur; nor has it the same disposition to salivate, which this last medicine always has. Indeed, if a more active mercurial is given, after a long continued use of Plummer's pills, the mouth will sometimes become affected. But when employed alone, it very seldom, shews any such disposition*; and, therefore, is rather applicable to such cases of the lues as have been already treated with mercury disease.

* I have lately met with a singular instance of its salivating violently, from a sudden exposure to cold, by getting out of bed in winter, though the quantity of the preparation taken amounted only to a few grains.—But in this case, it was not, in my power to ascertain, whether the trituration of the mercurial, with the *sulp. aur. ant.* was properly effected.

in a more powerful form, than to be depended upon for the actual cure of the disease. Thus, when a bubo, during a mercurial process, instead of healing, becomes what surgeons call phagedenic; a case, in which the habit is generally much too irritable, and the blood impoverished; Plummer's pill will frequently have a very good effect, both when given alone, and when employed with sarsaparilla. And under the same circumstances, the smallest doses of *calomel*, *mercur. calcinat.* and *sublimate* have succeeded: and probably, in the case now pointed out, they frequently cure, more by correcting the habit, and gradually meliorating the animal fluids, than by their specific action, as antivenereals. It has been supposed that the mere stimulus of mercury, when kept up for a sufficient length of time, would effect a cure in the worst cases, though it produced none of those effects which are constantly decisive in the treatment of venereal patients. If this were true, the medicine, whose properties I am now

endeavouring to point out, would be inestimable. It will, to a certain degree, mitigate many of the symptoms, which are truly venereal; but I have never yet seen a person cured by it. Very small doses of *calomel*, *mer. calc.* and *sublimate*, are more to be depended upon. But they are all inadequate to the end proposed; because, when employed *in this manner*, they have too slight a degree of stimulus; without the very necessary property of affecting the mouth. And I have not yet met with any medicine capable of *curing* the disease, that has not had, this property.

The practitioner must, indeed, have very limited ideas, both of the disease, and the remedy, who confines his resources to any one specific method, or preparation of mercury.

The disease comprehends a great variety of symptoms; some of which are easy, others, very difficult of cure. To this variation the known power of the medicine must be properly adapted. It is to the full as absurd to think of curing every

every species of small-pox, from the most distinct to the most confluent, and malignant kinds, by one, and the same means, as the *Lues Venerea* by any one method of employing mercury. And I believe the more a man sees of the disease, the more he will be convinced of these truths: that extensive views, and a liberal accommodation of the leading circumstances of the two methods I am about to describe, to the different cases that may occur, will give, that general success in practice; which no over scrupulous adherence to any one method, or medicine, will ever arrive at.

Some one or more of the preparations above mentioned are in general use for the cure of the *Lues Venerea*, and are exhibited under two, very different methods.

In the one, the patient is closely confined to his chamber or house; in the other, he takes exercise in the open air, and follows with, some restriction, his ordinary pursuits. The first, from the

consequences generally following it, has been called salivation, but as it frequently cures, without bringing on either a sore mouth or considerable discharge of saliva, it may with more propriety, be called, the method under confinement. The last, from the very slight degree of salivary affection produced, may be called an alterative course.

In the method of cure under confinement, there is a quick accumulation of the medicine in the system, and a rapid progress in its effects. In the alterative method, a slow one. In this last, however, the quantity taken in the aggregate is generally much greater, and hence some have insisted that it must be more completely curative. Without entering at present into this matter, we shall only observe, that each method has its advantages and disadvantages: there are particular habits in which the leading circumstances of the one method are more applicable than the other: there are certain stages of the disease which yield much much more readily to the one than the

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the other, and these, I shall endeavour to point out.

Those, who have principally favoured the alterative method have not failed to set before our eyes the pain, the confinement, and other unavoidable inconveniences of the other method. Some of these, however, they have greatly exaggerated, and, as if their sole aim had been to influence the passions and ill-founded apprehensions of the weak and timorous part of mankind, under the word Salivation they have indiscriminately, and in the lump, reprobated every mercurial affection of the mouth whatever; without affixing a precise or determinate idea to the term; without noting the difference between salivation under confinement, and that kind of sore mouth which eight times in ten follows the alterative method; or, what is more to the purpose; distinguishing between a short, and a long continued ptyalism, a slight, or a violent one. But unfortunately amidst all this their love of refinement, they have omitted to point out the

inconveniences (and there certainly are some) of what are called alterative methods. Thus, by giving only a partial view of one of the most important practical questions in the whole circle of physic, they have persuaded all those who are not competent judges, and these, I fear, are not a few, that a process, which in skilful hands is totally devoid of danger, and which in general is not only the most certain, but most speedy method of curing the worst and most inveterate stages of the disease, should be decryed in every instance whatever. For, it has been said, with a great deal more boldness than truth, to be *never* necessary. This doctrine, I am sorry to say it, has gained ground amazingly; from that natural bias the human mind ever will have, to avoid what, in speculation seems, and what in fact sometimes is, a painful remedy. It has, from those who were not thoroughly conversant with the subject, very unfortunately for the extension of practical knowledge, crept into our schools of physic; and there are many, well-

well-disposed persons who still believe it rather retards, than promotes the cure of the disease. This, is by no means the whole of the mischief it has done. It has led many young people astray, and induced them to separate two things in practice, which are generally, and which ever should be, inseparable: I mean, the antivenereal power of mercury, from its well-known tendency to cause an affection of the mouth. Hence, it has happened that the single circumstance which most indisputably characterises the action of this medicine from every other, has been of late years but little attended to; and we have been taught to believe, that we could in all cases know, when it has properly entered the circulation; and ascertained its effects on the disease by other circumstances. Notwithstanding which, it might be proved with the utmost ease, that be the method or preparation employed what they may, a tenderness of the mouth is, of all the *external* most obvious effects of the medicine, that, which most certainly, and unequivocally

marks, its antivenereal power on the disease; and that the single hinge, on which success turns in every case, no matter by what method it be treated, is the change which takes place in the system at the approach of, and during salivation. It is true, this change may be brought on in some constitutions with but a slight affection of the mouth, but it is no less so, that a considerable one is most frequently raised, before the decisive and necessary alteration can be produced, on the disease; I mean, before an obstinate primary, or secondary symptom can be cured.

If we for a moment reflect on the peculiar state of the salivary glands when mercurially sore, how totally different this is, from the other obvious effects of the medicine; and how much more likely the skin, the kidneys, and the intestines are, to be influenced by adventitious circumstances than the mouth; we shall at once see, that neither increased perspiration, preternatural flow of urine, nor any laxity of the bowels, short of a dysenteric

dysenteric kind of purging, can measure the antivenereal power of mercury with so much certainty, as salivation*. How often do we see the most rebellious secondary symptom withstand the fair introduction of a very large quantity of the remedy, without preceiving the smallest favourable alteration! but upon the first appearance of symptoms of salivation the scene immediately changes; the farther progress of the disease is stopped at once, and from the most malign, suddenly puts on the most benign aspect. What fully evinces the amazing influence of this effect of the medicine, the amendment does constantly, and invariably keep pace with the internal changes at such time going on in the system. And when this process takes place *fully* from a very small quantity of mercury (an accident which sometimes happens to the most careful practitioner, though he does his utmost to avoid it) the revolution seems,

and

* By salivation is meant, a general affection of the mouth, with its concomitants.

and perhaps in a few cases, actually is, as completely antivenereal, as when twenty times the same quantity has been used.

* This, is a proof, that the good effects
are

* In the year 1770, a gentleman, who had had the disease upon him for years, applied to me with the following symptoms:—Very distressing venereal pains—nodes on both *tibiæ*—a few venereal eruptions on his body—the *alæ nasi* ulcerated—the *septum narium* so greatly corroded, that there was a very large opening from one nostril into the other—ulcerated *tonsils*—and a large venereal ulcer on the posterior part of the *æsofagus*, with great emaciation. The first night he rubbed in *Ung. Mer. fort.* ʒj. and took *Calomel* gr. ij. and in the course of that day, to stop the further progress of the ulcerations in his throat and nose, *Cinnabar* ʒss. in the way of fumigation. As these seemed on the following day, to have produced no sensible effect, at twelve o'clock at noon he fumigated again with the same quantity of *Cinnabar*; before ten at night he had all the symptoms of an approaching salivation, but did not take a grain more mercury for nine days; the salivation, factor, &c. were considerable; the symptoms immediately gave way; the nodes soon disappeared; the ulcerations put on an healthy appearance, and when, after nine days continuance, the flux began to subside; though he actually seemed to be in a manner well, yet having often observed that a rapid salivation from a small quantity of mercury sometimes deprives the practitioner of an expected cure, the spitting was moderately kept up by frictions, and not discontinued till he had used two ounces of the *Ung. Mer. fort.*

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are not ascribable to the mere quantity of medicine, but to some other cause. Sydenham, whose sagacity in describing the natural appearances of diseases, was only equalled by his honesty in fairly relating the effects, which medicine had on them, believed that the *Lues Venerea* was not curable by any quality of mercury, purely specific, but by salivation only. And however much that doctrine may contradict modern opinions in this and other countries, a rigid mercurial course under confinement would never be had recourse to, as the last resource of the unfortunate, when the violence of the disease has repeatedly baffled the several alterative methods now in vogue, if it had not a superior antivenereal power. The consequences resulting from a fair and full affection of the mouth and salivary glands, were too striking to escape the discern-

Afterwards he was put upon an alterative course, taking *Calomel* gr. ij. *omni nocte cum decoct. scarf.* lbj. per diem. He is now living, and never had an ach or a pain of the venereal kind since—nor the smallest return of any one venereal symptom.

discernment of this great man, who has very judiciously connected the most obvious and general effect of the remedy with the cure of the disease. Subsequent writers have endeavoured to gain the same end by different means; but the great, the leading principle has remained to the present day, somewhat changed indeed, but not materially altered; for we must, in all obstinate cases, and in every method of treatment, still look up to a mercurial affection of the mouth, if we mean to make perfect cures in so rebellious a disease as the *Lues Venerea* really is.

A rigid mercurial course under confinement, in which the doses of the stimulant are large and repeated at short intervals, whether the affection of the mouth and salivary glands be considerable or otherwise, has been called salivation; and it may be relied on, as a fact that the more violent the affection, *cæteris paribus*, the greater will be its antivenerical power. But when I lay down that
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that position, I say also, that this power is certainly in some instances to be obtained, even under the closest confinement, without salivation; or at least with so trifling an affection, as not to deserve the name: as when a copious secretion from the intestines or other parts makes up for the deficiency. And cures are sometimes performed in a few excentric cases, without a discharge of saliva, or any other very remarkable evacuation. This can be no argument against the great utility of the method under confinement, nor against the propriety of affecting the mouth. It only shews that the internal, most essential effects of the medicine may, and sometimes do follow without any external mark or symptom, strongly denoting the operation of the medicine as a powerful evacuant. It points out that nature is every way equal to her own work, and can supply in some secret manner this seeming defect. But by no means that we can constantly produce the decisive anti-venereal changes in the animal fluids at pleasure,

pleasure, without their most frequent attendants, a general affection of the mouth and salivary glands; indeed excepting this kind of case, and those in which some other outlet supplies the place of the salivary secretion, the affection of the mouth and internal changes go hand in hand.

A predisposition to a sore mouth cannot always be known *à priori*; nor, so uncertain is the operation of mercury, can the affection be prevented in some constitutions, if it could. There are a great number of cases in which the medicine must be introduced in full doses, and with as much expedition as is consistent with safety, if we mean to stop the progress of an alarming symptom; the internal changes on which the anti-venereal power more immediately depends must be brought about as soon as possible; of course the affection of the mouth, even though it should amount to salivation, is a subordinate consideration, and must be risked. Under these circumstances the idiosyncrasy, more than
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the management of the practitioner, will determine whether the mouth shall be much or little affected; but be that as it may, the inconvenience must be submitted to, because it is, for the most part, unavoidable.

What has been said of the great anti-venereal power of a regular mercurial course under confinement, in which a greater or less degree of salivation generally arises, is not only true in fact, but a very good reason may be given why it is so.

When the medicine cures, and no remarkable evacuation has followed a plentiful introduction of mercury, under confinement, amongst other effects may be observed inflammatory diathesis, prostration of strength, and general emaciation, perhaps with some small degree of feator. Though these symptoms are never raised in such a case without some difficulty and by a long continued use of the stimulant. If they were never perceivable but when salivation was taking place, we might say with Sydenham, that the *Lues Venerea*

Veneræa was only to be cured by producing a considerable affection of the mouth and salivary glands. But since experience teaches us, that cures are sometimes performed without this effect of mercury, some other principle must be sought for, to elucidate this very difficult problem. And the truth perhaps is, that inflammatory diathesis, prostration of strength, emaciation, and fætor point to other changes in the system, which may very properly be said to be *internal*: the whole number of which have not yet been discovered, but some however we do know: among which may be reckoned a melting down, attenuation, or singular species of putrefaction of the animal fluids. These, if I mistake not, take place when the medicine does not, as well as when it does salivate; I mean when it cures: and they are what I would call the *decisive antivenereal effects of mercury*.

Let the affection of the mouth be what it may, these internal changes, if they be properly brought on, and continued for a
sufficient

sufficient length of time by the stimulus of the medicine, will eradicate the poison, and perfectly cure the most inveterate secondary symptoms of the disease. As I have already hinted, they will sometimes cure without any very considerable or sensible evacuation from the system; but whilst this putrefactive process is going on internally, there is a correspondent very surprising effort imparted to the system, of forcing open, as it were by the impetus of the medicine, one or more outlets or sets of excretory vessels, and stimulating them to a discharge of their fluids. When these circumstances concur, that is, when to inflammatory diathesis, prostration of strength, sudden emaciation and fætor of the breath, as the types of the putrefactive or attenuating internal process, there is joined a considerable increased secretion from the skin, intestines, kidneys or salivary glands, then, the antivenereal power is most rapid and striking; and hereby is pointed out, that, when once the putrefactive process is fairly raised by the medicine, the properties

of the animal fluids are not only altered, but that the venereal virus connected with those fluids, or attached to the living power, actually undergoes a similar change with them: and when fitted for expulsion, by this wonderful operation, is thrown off or evacuated from the system. And the true cause, I believe, why the course I am about to describe more particularly, most frequently cures with the greatest ease and rapidity, in the very worst stages of the disease, is not simply because it salivates, but because in that kind of course in which a considerable affection of the mouth generally comes on, the medicine acts with the greatest force, producing in the most perfect manner *all the requisite internal changes*. And when its operation is thus complete, it is not only a powerful stimulant, and promoter of a singular kind of putrefaction, but also a very considerable evacuant. As a fair salivation, (taking the term in its common acceptance,) will give the fullest view of these singular phenomena, I shall proceed to a description of such parts

parts of this process as appear to me likely to illustrate the doctrine I wish to establish.

A man is ordered for a venereal complaint to confine himself to his room, and is wholly or in part debarred from the use of spirituous and strong fermented liquors, and such generous food as he had been accustomed to in a state of health. The confinement obliges him to breathe an air very different, as a respirable fluid, from that of the external atmosphere, and this circumstance alone strongly disposes him to weakness and putrefaction. In this situation he rubs in a small or full dose of the *Ung. Merc. fort.* according to the urgency of his symptoms, and his supposed predisposition to salivation, every night; night and morning; or every second or third night. The first effects of the medicine are those of a general stimulant, an increased heat, with a pulse more frequent, fuller, and stronger than natural. These are most evident soon after the frictions, especially if the stomach should happen to be, at that time,

loaded with food: those who have rubbed in several doses have very frequently a remarkable beating of the temporal and carotid arteries, which they feel soon after the introduction of the medicine when they are warm in bed. In a short time from the commencement of the course, when the patient awakes in the morning he perceives a clamminess of his tongue; an uncommon metallic taste in his mouth; some degree of thirst, with an uneasiness in his head like that from hard drinking, and with a similar kind of languor and acceleration of the pulse. In proportion to the number of frictions employed, and according to the care taken to get the particles of mercury through the pores of the skin, so is its accumulation in the system considerable, or otherwise. The disturbance once raised by a single friction is gradually kept up by those which follow: and thus an increased action in the several vascular systems of the body prevails constantly, by day as well as by night, with an artificial febrile exacerbation (if I may be allowed that expression) which

which is generally most evident at night, a short time after each friction. After the stimulant has thus operated upon the system in general, for a shorter or a longer space of time (for it is matter of great uncertainty, whether the following symptoms are raised by two or three doses, or by a greater number) a considerable increase of the general inflammation, disposition to costiveness, enlargement and tenderness of the salivary glands, languor, heat and soreness of the gums and parts within the mouth, an unusual flow of saliva, and fætor of the breath arise. These are at first not very distressing; but if they go on so as to form what may be called full salivation, they very soon become considerable. The symptomatic fever is increased still more, the salivary glands and gums are painfully tender; the sides of the tongue, the tonsils, the orifices of the salivary ducts, and the internal surfaces of the cheeks become ulcerated; he is spitting every minute, or perhaps the saliva dribbles out involuntarily and the cheeks and lips are somewhat

preternaturally swollen. The fætor, which was before trifling, is now extremely great, and taints the room to such a degree, that upon opening the chamber door, a judge, without looking at the patient, or enquiring whether he was in a salivation, from this circumstance of fætor would know he was in that situation. The pain and constant irritation to spit keep him awake, and almost deprive him of sleep; he feels himself inexpressibly languid; becomes suddenly thinner, and from the determination of the circulation and living power to the fauces and great dispendium of saliva, the costiveness, which came on at the commencement of the flux, sometimes continues throughout the whole of it; till the salivary discharge and local irritation about the fauces are almost subsided. What is remarkable, the costiveness is sometimes the forerunner of the other symptoms, and points out the approaching storm. Before the affection of the mouth has gained the height just described, a favourable alteration is generally perceivable on
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the face of the disease; but sometimes when the symptom is an old secondary, or even an obstinate primary one, as an ill-conditioned spreading chancre, the factor, and other symptoms of salivation must be very considerable before the proper healthy change can take place.

Sydenham says, that the symptoms generally go off after the fourth day from the height of the salivation; and that is certainly not unfrequently the case, but it sometimes happens that they go off more gradually, and sometimes much sooner, even in a few hours, when the revolution is rapid and violent. A man shall have a venereal node or venereal farcocele over night, and they shall be gone by the next day; another shall have a small chancre, or venereal sore throat, the former shall be perfectly healed in as short a space of time, and the latter shall almost immediately alter its venereal appearance, and look like a healthy granulating sore. Sometimes, though the practitioner shall be some days, perhaps weeks, before he can raise a proper af-

fection of the mouth, the disease will, during the whole of that time, remain unaltered, until that period arrives, at which the salivation and its usual attendants become considerable; then, but not till then, does the decisive revolution commence, which is to end in the perfect cure of the disease. So that the change from sickness to health is more or less sudden, according to the violence of the symptoms produced by the medicine: and the cure seems brought about, more by salivation and its immediate consequences, than by the preceding long continued application of the stimulant. Though there can be no doubt but that a proper degree of stimulus from a sufficient quantity of mercury is to the full as necessary in the cure, as salivation, or any of its attendants, although its action on the disease is not so evident: and it is only by a happy combination of these and other circumstances that success is to be expected. The quantity of saliva discharged is variable; sometimes it continues to flow for a considerable time after

after the process has got to its height, and at another, though the ulcerations shall be general, and all the other symptoms in due degree, yet the discharge of saliva after the first two or three days shall be small in quantity. It may be right to remark on this symptom, that though we have been recommended by some of the best authors to regulate our conduct by the quantity of saliva evacuated, and in some cases it may be a good rule, yet there are other and better criteria by which we may measure the antivenereal power of the remedy on the disease. These may be gathered from the quantity of mercury employed and retained in the system without running off too hastily by any one or more outlets; from its effect on the disease; from the degree and duration of the putrefaction of the fauces and several fluids of the body; from the languor, weakness, emaciation, &c.—that there is a particular species of putrefaction is evident from all the symptoms. The languor and weakness, which are always considerable when the medicine acts

acts powerfully as an antivenereal, in every mercurial course, would lead to a suspicion that a change in the circulating fluids was of the putrid kind: But when to these are added other circumstances, and in particular the fætor, which probably arises, as well from the lungs, as from parts within the mouth, the opinion seems to be indisputable. Why does blood drawn from a person in an high salivation, or from one whose system is loaded with mercury, in the act of removing venereal symptoms in an alterative course, when it shews only a tendency towards salivation, always flow from a wound, be it ever so small, with uncommon freedom? Why does it appear broken in its texture, and thinner than natural, if not from a very singular kind of attenuation or putrefaction it is then undergoing? Why is the urine generally of a dark brown colour, sometimes with a sediment like dirt, if not from the same cause? Does not that very remarkable costiveness which frequently continues in some salivations for a week,

ten days, a fortnight, or longer, considerably heighten this power in the medicine of raising a general state of putridity?

But it is a putridity *sui generis*, unlike every other, that is known to effect the human frame.—It is short lived, and intimately connected with an invigorating principle—For it must be noted, that throughout the whole progress of salivation, even at the period when the fætor and prostration of strength, &c. are at the height, there are latent symptoms of strength generated by the stimulus of the remedy, combined with, but kept under by those of putrefaction; which do not indeed then appear, but which immediately shew themselves on the subsidence of the flux. Hence it is, that though a man after salivation comes out from his confinement much thinner than he was before, yet he looks well, and has an uncommon propensity to reacquire speedily his former health and strength; his spirits are good, and have been rising from the time the symptoms of putrefaction began
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to decline; he is voraciously hungry; the quick depletion of his vessels is followed by as sudden a repletion, and he generally becomes fatter than he was before. There are then two opposite effects arising from a powerful action of mercury; one of which promotes, and the other retards putrefaction. We can trace this power in the early progress of a mercurial course till weakness is produced; we then lose it for a time, but the moment it ceases to weaken, its propensity to invigorate shews itself again. And from this circumstance it is, that if in any mercurial course the genuine antivenereal effects have not been raised, and the further application of the stimulant is discontinued for two or three days, the symptoms of strength so soon appear, and get such entire possession of the habit, as to render a subsequent attempt to raise symptoms of putrefaction difficult. It also, in some measure, explains why the second production of salivation is often not so easy, or to be effected by so small a quantity of the stimulant, as the first;

I mean

I mean when the first salivation has entirely subsided and the medicine been fairly evacuated.

Mercury acts as an universal stimulant upon the irritable parts of the system particularly upon the lymphatics; and this is perhaps one reason why venereal buboes frequently suppurate at the close of a severe mercurial course. This system of vessels has its power of absorption increased, not only before the operation of the medicine has produced salivation, but also, when it is actually present; and after, when the patient has suffered a thorough depletion of his vessels, and is re-acquiring his former strength *. These vessels are certainly

* The sudden emaciation immediately coming on at the commencement of the internal putrefactive process, would incline one to suppose that at that period the absorbents are acting with the greatest power; but the following case seems to shew that this power is most prevalent in the convalescent state of the patient, when, after a considerable depletion of the vessels, the strength is returning under the influence of air, exercise, and a generous diet:—A gentleman, some years ago, having a venereal farcocele of one testicle, and an hydrocele on the other, with eruptions, &c. was under the necessity of undergoing

certainly the canals by which the venereal poison enters the circulation ; and they may perhaps be the outlets by which it escapes, after it has been changed, as already observed, by undergoing a similar putrefactive process with the blood. Perhaps, even the natural properties of the lymph may be altered.

The languor and prostration of strength point out also an affection of the nervous power, as well as putrefaction of the fluids. In every stage of the *Lues Venerea* this part of the system is in one shape or other acted upon, if not altered by the poison : even in its first symptom, a chancre, the nerves of the part on which the fermentation of the infectious fluid produces ulceration are in a morbid state : a degree of irritability being constantly imparted

dergoing a salivation for a cure ;—the farcocele was perfectly removed, with the other venereal symptoms ; but the hydrocele remained unaltered. Within a month, however, from the time of cure, to his great surprise, he found his hydrocele insensibly diminish ; and at last disappear ; leaving the testicle fuller than natural, but without the smallest perceivable portion of water.

imparted to them, greatly beyond what they ever possess, naturally. And, when the disease is more advanced, there is a general disposition to metastasis; which never leaves the patient entirely till he is perfectly cured: and this is perhaps owing to a morbid modification of the nervous power, generated by disease. So that it is probable, that mercury may have a further operation on this part of the system, over and above that already mentioned, arising from the production of a singular species of putrefaction of the fluids.

Let the course be what it may, whether the affection of the mouth be considerable or otherwise; the number of frictions, whether more or less, should if possible form one well-connected and uninterrupted whole. Each preceding friction should leave an impression which should be kept up and increased by those which follow. And in that manner a fair accumulation of the particles of mercury must be effected; which, towards the close of the course, should act as one large and entire dose on every, the most
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remote part of the system. Without a careful attention to this rule, in some habits, neither the proper action of the vessels, nor putrefaction of the fluids can be brought on.

From what has been said, the reader will immediately see why a quick application of mercury, under confinement, diminishes its tendency to act as a strengthening stimulant: at least for a time. And why a slow introduction of the same medicine as in an alterative way, with a free allowance of good air, exercise, and a substantial diet, promotes it. The predisposing causes of putrefaction, which are constantly present in the one method, but wanting in the other, will for ever distinguish them as means of cure: and point out the propriety of applying, either the one or the other according to the prevailing idiosyncrasy of the patient. And also why the predisposing circumstances of the one method may, occasionally, be applied to the other. Thus, under confinement, it may be sometimes necessary to let in good respirable

spirable air, to prevent too great a degree of putridity. So in the alterative method, it may be often proper, to confine the patient to the house, especially towards the close of the course, in order to bring it on.

It has been already observed, that if the medicine salivates fully, and with violence, it will sometimes cure, though the quantity received into the circulation be remarkably small. But many such kind of cases are liable to great suspicion. For, among the constitutions most readily affected by small doses, there is one which cannot always be known *à priori*; in which the stimulant is apt to run off too hastily by the mouth, without making the proper impression on the other parts of the system. This kind of habit I call scorbutic, by which term; I mean a general tendency to putrefaction. In such constitutions, without the utmost care even repeated courses under confinement will sometimes fail: the medicine suddenly laying hold of the mouth, the symptoms being violent, and the flux

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great, the patient is thereby for some days precluded from the further use of the remedy; the salivation continuing till he is greatly weakened, at length stops, *re infecta*; the quantity of mercury received, having been not only too small, but evacuated too soon.

In a case of this kind, a cure was attempted four different times under confinement and every course failed. Some of the symptoms of the disease being only mitigated, and some changed into others; the disposition to metastasis remaining. In this instance a perfect cure was at last obtained by counteracting the too great tendency to salivation and putrefaction; by avoiding confinement for a considerable time, and by recommending daily a guarded exposure to country air, with a plain strengthening diet, divested as much as possible of stimulating substances; and under cover of these, causing a larger accumulation of the remedy in the system than in any of the preceding courses. By this management a fifth salivation, more violent and of longer duration than any
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of the former came on, as the others had done, without the surgeon having it in his power to prevent it: but this was followed by a permanent cure; and is one proof, amongst many others, that might be given, of the inefficacy of an alterative course of mercury, and great power of salivation in particular stages, of the disease. * From this case, the great neces-

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* A gentleman came from abroad emaciated to the last degree, and covered from head to foot with eruptions, not of the true copper colour, but florid, and containing a kind of watery fluid, like the ichor of the itch; he had no pains, but before the eruption appeared, had suffered much from what he called the rheumatism. As it was possible his complaints might not be of the venereal kind, a weak mercurial cerate was applied to his sores. In two or three days it salivated him; the pustules which before contained a fluid and were prominent, by the action of the salivation, subsided, and the marks left had the true copper hue: a node on each elbow near the olecranon soon appeared after the subsidence of the flux, with a fresh though less considerable eruption. When he had been to appearance sufficiently strengthened by bark, &c. an internal mercurial in a very small dose was given him daily, yet this also suddenly raised an affection of the mouth; which seemed to remove the eruption completely, together with the nodes: but within a month a few partial pustules were perceived on both legs; after these had continued
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sity of attending to the general health of those who are obliged to undergo severe mercurial courses is sufficiently evident. The fault of the constitution should be, if possible, corrected before the exhibition of mercury, and most carefully counteracted during the progress of the course by proper remedies. The case I have given points out a most material curative indication, namely, an action on the solids and fluids resulting from the retention
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some time, and his health was seemingly established, an internal mercurial (the *solut. of sublimate in decoct. sars.*) was given him: he had not taken three grains of the sublimate in this way, and in the smallest doses, before he was salivated for the third time. The eruption went, but in two or three months the disease sprouted out in a new form, and shewed itself by a thickening of the muscles, followed by deep sloughy ulcerations on the outside of the calf of one leg. Frictions were now had recourse to, $\mathfrak{z}\text{ss}$. *Ung. M. fort.* was rubbed below the ulceration every other night. In a short time, that is, within three weeks, this also produced salivation, which to all appearance had cured the disease; but the ulceration returned, was larger and more painful than ever, and spread at a great rate; by the use of the carrot poultice, by rest, opium, and Plummer's alterative pill, the fore was got into so small a compass that he could walk out. In this state he was sent into the coun-
try,

of a due, but indeterminate quantity of mercury, which action should be not only sufficiently strong, but equable over every part of the system, and exerted for a sufficient length of time: I say indeterminate, because the quantity must vary in different persons, and can only be regulated by the habit of the patient, by the effects raised in the system, and by its operation on the symptoms of the disease. Therefore, whenever a salivation comes on, especially if it has arisen prematurely, the practitioner should exercise his

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try, and directed to take moderate exercise, under the diet described, in the open air: When his health was thoroughly recruited, he had recourse again to the *Solut. subl.* and *decoct. sars.* rubbing in ʒss . *Ung. Mer. fort. alternis noctibus*. The quantity of the solution was gradually increased from one 16th of a grain to one 8th of a grain in twenty-four hours: notwithstanding the care he took to introduce the medicine in such manner as to prevent a premature affection of the mouth, and was daily exposed to good respirable air, yet it salivated him again after he had taken it about a month, and with more violence than it had ever done before. The salivation came on suddenly, and he spit three pints a day till the twenty-second day; after which it gradually went off, and he had the satisfaction to find his sufferings at an end, and that he had, at last, obtained a cure.

judgment and determine from a due consideration of all the circumstances before him, whether the affection of the mouth is partial, or complete in all its parts; that is, whether, to the local effect of salivation there is also joined a sufficient degree of action in the medicine, as a mercurial stimulant. If the course is defective in this particular, and the salivation is too violent to admit of the further use of mercury with safety, he must have recourse to it immediately on the very first subsidence of the flux: but if the affection of the mouth, though considerable, is not so violent as to forbid its application, and he perceives that the disease is not likely to be cured, especially if neither the fætor, languor, nor putrefaction bear a due proportion to the effect on the salivary glands, he may wish to avail himself of this critical period. If that should be his intention, and he is desirous of introducing a greater quantity of mercury, he must proceed with caution: for, as on the one hand, this is the point of time at which he may, if he

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pleases, almost instantly produce the most powerful antivenereal effects of which this medicine is capable; so on the other, by urging it too far, and thereby stimulating or weakening too much, he may do an irreparable injury. And a very small dose at such time will operate with wonderful increase of power, both as a spur to the symptoms peculiar to salivation, and as an antivenereal. But when that time is over, the effects of the medicine as a strengthening stimulant begin to appear; and then, nature will generally bear and indeed requires its introduction in larger quantity. The sooner we have recourse to the stimulant after the subsidence of the salivation, the more powerfully will it act. And in this place I must mention a circumstance of no small consequence. When the several doses have once raised salivation, &c. we certainly lose the most favourable opportunity of serving the patient if we suffer the affection of the mouth and its concomitants to flag too soon, by discontinuing the medicine, or by letting in good respira-

ble air; for the invigorating power of the remedy will immediately take the lead and keep possession of the habit. The stimulant should therefore be repeated, if possible, again and again without intermission, till the effects on the system correspond with the quantity of mercury received, and till both have manifested a proper action on the disease by the total and perfect removal of all its symptoms; or, in other words, the accumulated force of the several connected doses should continue constantly increasing till the disease is perfectly gone. And experience will warrant the assertion, when I say, that in an obstinate symptom it is much safer to persist in the use of the remedy some time longer. When this is properly attended to, the cure will be easy and effected within a short space of time; when it is not, slow and difficult. For it is by no means the same thing, whether the medicine is introduced by a full and uninterrupted accumulation till it has had the proper operation on the system and on the disease; or whether,

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from a too great dread of the present affection of the mouth, we desist too soon from the stimulant, and endeavour to increase the accumulation after that affection has subsided. Whoever has inadvertently let slip the critical time of expediting the cure when the salivation was considerable, must be sensible of the difficulty of re-producing the proper putrefactive changes, which in some cases can never be done, till a second more considerable affection of the mouth than the first, has been brought on. The apparent removal of one or more venereal symptoms is not always to be trusted to. For there is most frequently another and more extensive intention to be answered; namely, the total destruction of a poison most intimately blended and as it were assimilated with the constitution. And experience fully evinces, that this necessary object cannot be obtained, but by the perfect and unmutilated production of those essential internal, and external changes, which are inseparable, from a powerful operation of the medicine on the system;

system; which should be properly raised and kept up, as occasion requires, by a due quantity of the stimulant. Venereal eruptions, nodes, venereal farcoceles have been perfectly removed without curing the disease. Even in the common primary symptom, a chancre, it is frequently not only necessary to heal it, perfectly, by the general action of the medicine alone; but to continue the stimulant some time longer. We should not only remove a venereal eruption, but if the medicine fails to produce a fair and full effect on the system, the disease will be very readily translated from the skin, to the membranous surfaces, particularly to the periosteum; and pains in the limbs, or perhaps nodes, will follow. Though I mean to treat this part of my subject more in detail hereafter, yet there is a circumstance with regard to the treatment of a venereal eruption which has not been, I believe, attended to. When there is a considerable number of eruptions spread over the whole body, it is no uncommon thing for the first doses of the
medicine

medicine to remove the greater part of them, two or three only remaining. These will sometimes continue, during the whole progress of the cure, and if the medicine is not persisted in till after it has produced in the centre of each pock a palish dent or pit, the patient will not be secure. Nay, in one case, (indeed it was in an alterative course,) the disposition to venereal metastasis remained, though this rule was most carefully followed.

It sometimes happens, that though the intention is to salivate under the predisposing circumstance of confinement, yet we are foiled in our attempts to raise this effect from the medicine. If a mercurial griping, and tendency to a purging should come on they may compensate, in a great measure, for the deficiency: in this case a warm opiate, properly given, and repeated *pro re natâ*, will not only procure immediate ease, but, by quieting the irritation in the bowels, and at the same time promoting costiveness,

ness, will bid fair to bring on an affection of the mouth.

But when the medicine has been used for many days, in the largest doses, and under the most rigid confinement, and yet has not the effects just mentioned, it may be asked, How are we to proceed, or to know, that it is acting properly on the disease? We may know, it is producing the proper effect, by comparing the quantity employed with the *external* and *internal changes*, which have taken place; by attending to the state of the intestines, skin, kidneys, and circulation in general. If neither salivation nor purging have arisen, there is most frequently a considerable degree of costiveness; there is often an increased secretion from the skin or from the kidneys, and constantly a considerable degree of inflammatory diathesis. The urine, from a pale straw colour, becomes of a dark brown; and before the decisive change is produced on the disease, the emaciation, languor, and weakness are not
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only evident, but to those who are unacquainted with the operation of mercury very alarming. These circumstances mark the operation of the medicine sufficiently; and point out that it is, according to the idea of Sydenham, a specific mediately only, that is by the alterations it occasions in the system. But it most frequently happens that, with the above effects, some degree of fætor, with a metallic taste in the mouth, and some slight tendency towards salivation, are perceivable. The quantity of mercury required to effect a cure, when this inaptitude to salivation prevails, is much greater than in any other kind of constitution whatever.—I must caution the young practitioner not to mistake the want of salivation from a slovenly use of mercury, for this natural inaptitude to it, which is peculiar to some constitutions, and which varies, in the same person, at different periods, and under different circumstances.

Between the habit just described, and that in which salivation is apt to take place,

place prematurely, there are many intermediate gradations. The *middle* state, between the two extremes, is the most favourable for the action of mercury under confinement; for in this case to the fair symptoms of putrefaction may be joined a proper accumulation, and retention of a large portion of the medicine: and as there is here no great affinity between the salivary glands and the remedy, there is no great danger of a sudden or too violent flux; so that the affection of the mouth may, with the utmost ease, be kept within moderate bounds; whilst the mercurial particles are fully and equally diffused over the whole system. In this case, that general revolution, which has been already described, and which is sometimes too suddenly raised by a small quantity of mercury, must be brought about gradually: and there should be gained by time, that is, by the continued and progressive action of the stimulant, what is wanting in force. Instead of attempting to remove the symptoms of the disease

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ease in a few days, which is sometimes done when the mouth is speedily affected, we should be contented with a similar operation from the medicine procured, in a longer space of time, by the united action of many doses; and though it may be a fortnight, three weeks, or perhaps longer before the proper affection of the mouth, and its concomitants, appear; yet when the decisive change begins to take place, the cure proceeds with great celerity, and is permanently effected in a few days.

In the treatment of a venereal patient the first thing to be enquired into, after ascertaining the nature of the symptoms, is his idiosyncrasy. But how are we to obtain this necessary kind of information? Is Sydenham's rule, that all those who are with difficulty purged by a common cathartic, are also hard to salivate, to be depended upon? I fear there will ever be much uncertainty in forming a right judgment on this matter. For I have frequently known the same constitution at one period without any propen-

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sity to salivation, resisting the most powerful doses of the medicine, under the closest confinement; at another, salivated by the smallest doses, when no confinement had been enjoined. But whenever there are spongy, diseased gums, with bad teeth, especially if due care is not taken to keep them clean, during a mercurial course, I believe there will be this kind of propensity: and, as has been already observed, whenever a scorbutic tendency in the habit prevails, there also, this inconvenience is too often apt to interrupt the progress of a cure. But an healthy state of the teeth, and gums by no means constantly implies an exemption from this propensity; for many persons are easily salivated, who have them in the most perfect order. The internal and external use of stimulants, when the system has been previously loaded with mercury, has frequently, even a considerable time after the discontinuance of the medicine, caused an unexpected salivation; thus drinking, hunting, and dancing have sometimes been followed

followed by this effect. And at any time during a mercurial course, whatever increases the general stimulating power of mercury, or irritates, and heats the parts about the throat, especially in the habits just described, will frequently be followed by like consequences.

With regard to the use of purgatives, and the warm bath, for averting an impending flux of the mouth; they are principally applicable to but one description of men, namely, those who are very easily salivated. When the other extreme predominates, they will frequently diminish the antivenereal power of the remedy, by retarding that, which should be promoted; I mean the putrefactive process of the medicine; which, in this constitution, is never effected without some difficulty. But, in regard to the operation of purgatives, there is an exception to this rule: for it sometimes happens that they, after a long and ineffectual endeavour at raising salivation, by clearing the intestinal canal, render the absorption of internal mercurials

more certain, and, at the same time, by quickening the pulse, give a spur to the medicine, whilst it is acting on every part of the body. But to return to the first of these two cases: it has been already observed that costiveness generally precedes and accompanies salivation, and its consequences:—one cause of which is the partial determination of the circulation and nervous power to the parts within the mouth. It is well known, that when the medicine takes to the mucous glands of the intestines, it often causes dysenteric symptoms, without any considerable affection of the mouth; and when the bowels are only moderately open, in a mercurial course, the mouth is frequently secured from a too violent inflammation. These are facts depending on constitution and the spontaneous action of the medicine; and are met with, when a cure has been attempted by frictions simply, without the aid of any internal mercurial. These circumstances point out, that, as in the constitution which has an antipathy to salivation,

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tion, bringing on an artificial costiveness, by giving a narcotic every night, will, next to absolute confinement and a quick and large repetition of the several doses, promote the antiveneréal effects of the remedy : so in its opposite, when it becomes necessary to prevent salivation, purgatives will certainly be useful in lessening the partial plethora of the vessels about the mouth, by drawing off the circulation and nervous power to the intestines ; and the warm bath will concur in producing a similar effect, by making a revulsion to the skin. But these means should be employed early, for they both quicken the general circulation, and, if the mercury has already got full possession of the mouth, they will sometimes increase the affection. But when properly timed, they are very serviceable in enabling the practitioner to introduce more of the medicine than could be done without their assistance. To these, may occasionally be added a gradual and guarded exposure to good respirable air ; under which circumstances, the course

should be continued by very moderate doses, till the constitution gets habituated to the stimulus of the medicine, and when a large accumulation has been made, it may be afterwards pushed with greater boldness.

It sometimes happens that an attempt to raise sufficient salivation not only fails for a considerable time, but the disease continues with unabated obstinacy, though a fair introduction of a large quantity of the medicine has been effected, and it does not, in the smallest degree remit, notwithstanding the emaciation and weakness of the patient. It is difficult to say, what would be the best method of treating such a case; whether from the natural repugnance there seems to be to salivation, it would not be safer, by varying the preparation of mercury, when that originally used seems to have lost its power, to keep up a proper stimulus; and endeavour to obtain in six weeks or more, what in an ordinary course under confinement, may be gained in three or four weeks; I say it is difficult

cult to settle, whether such a method of proceeding may not be preferable to employing force to raise salivation when nature strongly opposes the endeavour; the strength or weakness of the patient and other circumstances, should, I apprehend, determine the practitioner in his choice. In one case, during the space of a month, more than six ounces of *Ung. Merc. fort.* had been fairly rubbed in, besides the internal use of a very active internal preparation for a venereal sore throat. The patient was greatly emaciated, somewhat weakened, and his mouth slightly sore, with some degree of salivation; yet the ulceration was not altered: in this situation he used a cinabar fumigation; from the first application of the vapour, no remarkable change took place, but the second, increased very considerably the affection of the mouth, brought on great and distressing prostration of strength, sickness, purging, and a dysenteric kind of uneasiness in his bowels. The diseased appearance immediately gave way, and after quieting

the general commotion by a warm opiate, the effects of the remedy, as well as the symptom of the disease, subsided, and very soon went off. In this case, as in many others that might be adduced, probably the internal putrefactive changes so necessary towards a cure were so absolutely dependent on salivation, that they could not be separated.

It is not within the compass of the present publication to enter into the action of mercury when it ceases to be a medicine and becomes a poison. But it may be necessary to mention some of the ill consequences which may arise from a too plentiful introduction of it, or from too violent salivation: and to shew, that though it may be freely and with safety used for the cure of the *Lues Venerea*, and other diseases, yet there is a limit in the progress of its effect, beyond which, it should never be urged. When the medicine, or its effects have been carried too far, that weakness which ever attends a mercurial course in a greater or less degree, is not, what it ought to be,

be, transient, but permanent ; and that principle of invigoration, which always follows a well-conducted cure under confinement, is lost. This accident most frequently happens in a very irritable or inflammable habit ; when a too violent or long continued salivation has preceded ; when the putrefaction has been great : or when the attempts to raise a spitting have been strenuously persisted in, though nature strongly resisted the effort. When a man complains of great and distressing prostration of strength, has slight nausea, a pulse much quicker and harder than natural, universal agitation of mind and body, with want of sleep, especially if there is also some degree of giddiness with an obtuse pain in the head, the practitioner has done enough, and let the symptoms of salivation be ever so trifling, he cannot with safety, under these circumstances, stimulate farther ; he must either desist entirely from the use of the medicine, or if he still imagines that the disease is not perfectly cured, must wait a little for the subsidence of the symp-

toms, before he proceeds with the remedy.

When the medicine has been so urged as to produce a permanent degree of weakness; to a very considerable degree of general irritability is often joined a partial one; thus if sloughs have formed behind the posterior *dentes molares*, they will sometimes put on a kind of phagedenic appearance, and spread towards the uvula. If there has been a venereal ulceration on either of the tonsils, which towards the latter part of the mercurial course has had a kindly granulating appearance, when the medicine is pushed beyond the necessary point, it will frequently be changed to a colour somewhat cineritious, which will be most evident at the circumference of the sore; the uvula and posterior part of the palate will have a similar hue; and sometimes ulcerations truly gangrenous, will succeed to that soreness of the mouth, the degree of which it is indeed hard to define with accuracy, but which nature seems to have marked out for the precise state,

state, beyond which she must not be stimulated. If a bubo remains unhealed, it will sometimes become phagedenic, when the medicine has been employed too freely, or used at a time when the constitution was too weak to bear its natural operation. The sore becomes exquisitely painful, and highly irritable; it spreads from corner to corner at a prodigious rate, undermines the skin, eats into the surrounding parts irregularly, so as to produce an ill-looking ulceration, with ragged, callous, fiery edges. This is sometimes the mere effect of mercury, but sometimes to this cause may be added another, namely, a latent venereal taint, roused up, as it were, but not eradicated by the stimulating power of the medicine.

When, notwithstanding the fair use of mercury under confinement, and after it has raised a considerable affection of the mouth with the usual internal changes, &c. it happens, that the cure is not permanent. It is most probable that the failure has arisen from the quantity of mercury

mercury employed having been too small, its action too weak, and not kept up for a sufficient length of time; or from some other circumstance, which, though essential, has not been properly attended to in the course of the treatment. To give one instance out of many that might be given of such a failure. A person at the time he received chancrous infection had a pox in his habit, which had been for years suppressed, but not perfectly cured. From the last and more recent infection he had an ulcer on the inside of the prepuce, which from irritation and neglect soon occasioned a phymosis; in this situation he applied for relief; being unable to give himself rest, he used mercury in the alterative way for about a fortnight: finding no considerable amendment, he submitted to confinement; and having rubbed in for about ten or twelve days, a considerable affection of the mouth took place, which for some time forbade the further introduction of the medicine. During this interval, it was observed, that a pustule on one of his cheeks,

cheeks, which he had had for some time before his confinement, but which from having nothing striking in its aspect had not been regarded, suddenly went; the hardened crust came off, and left a true venereal pit behind. The salivation, though it seemed to have cured this symptom, had not cured his chancre; the phymosis was not perfectly gone, and the ulceration though in a healing state, was not well. At the time when the subsidence of the flux, and other circumstances, plainly demanded the further introduction of the medicine, he was obliged to go into the country on urgent business, and did not return for a fortnight, and though he continued the use of mercury during the whole of that time, yet when he came to town he was much worse than he had ever been; the pustule on his cheek had returned, was increased considerably in size, and was now a deep ulceration, and the phymosis and chancre were in as bad a state. Under these circumstances he was confined a second time, mercury was
again

again introduced in a variety of forms, without interruption, for five weeks complete, and his mouth kept tender for at least half that time; the sore on the face yielded, but with much more difficulty than before; the phymosis and ulceration on the prepuce continued. The medicine was at last urged so frequently and so forcibly, that it would have been unsafe to have pushed it farther; in consequence of this, the ulcer on the prepuce, though not perfectly well, was nearer being healed than it had ever been, and the phymosis so far gone, that the glans could with some difficulty be denuded. As soon as his general state would admit of it, he was directed to employ a cinnabar fumigation to the glans and prepuce, which expedited the healing: and by the absorption of the vapour from the fumigation, which he used every other day, with the assistance of the *solut. sub. cum decoct. sarf.* continued for a month more, he got perfectly well.

Some part of the difficulty attending this case ought certainly to be attributed to the unfortunate discontinuance of his first course, under confinement; but from the quantity of mercury he had then used, and from its effects on the system, I am of opinion, that if this had not been a mixed case, I mean, a new infection engrafted on an old one, the course, imperfect as it was, would have cured him; or at least have rendered the second treatment effectual, without the necessity of a subsequent alterative course. Five years before the receipt of the infection for which he was under my care, he had been under another surgeon, and with the utmost difficulty cured of a venereal sore throat. From the foregoing history it is plain, that though salivation, from some unforeseen accident or other, may sometimes fail of curing, yet that it will so far break down or enervate the disease as to render a perfect cure easily attainable by the aid of an alterative course; and that there are symptoms which will yield to the action of both, that will not give way to either singly.

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A married lady, who had been infected for many years, was salivated fairly for the disease; when she had desisted from the use of mercury, and was supposed to be cured, she felt considerable pain on one shin; from the very plentiful salivation she had been in, the surgeon who had had the care of her, concluded that she was cured of the disease, and that the present symptom would be taken off by laying a caustic on the part and fairly dividing the periosteum; the operation was done; but she did not find much relief from it. In a short time what seemed to be a partial affection became a general one; she had nocturnal pains universally, and a large node suddenly made its appearance on the *os frontis*. I put her immediately not only into a course of the solution, but ordered her, after a week's use of this medicine, to rub in below the node on the leg ζ *ss*. *Ung. Merc. fort. alternis diebus*, and to take from a pint to a quart of the *decoct. sarsap.* a day.

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The mercurials were so managed as not to affect her mouth till the close of the course, and she was confined to her chamber after the first week. When she had followed this method for a month her pains diminished, and the node on her forehead disappeared; a trifling uneasiness on the affected tibia only remaining. By a perseverance in this plan for three weeks more, her pains left her entirely, and so far as respected the disease she was cured certainly. Towards the latter part of the course I pushed the mercurials rather freely till her mouth became moderately sore; when that had subsided she was suffered to go out; in about a fortnight from which time a small exfoliation was thrown off from the tibia and the sore immediately healed.

To what are we to attribute the cure in this case? Probably to the salivation, which in the first instance broke down the disease; to the raising a more gradual, more perfect, and larger accumulation, in the system in the second course, than had
 been

been before effected; and lastly, to the sarsaparilla.

Whether this medicine has actually any specific power in the venereal disease, or whether it has only a property of acting in such a manner on the system as to assist the natural operation of mercury, I will not say; but certain it is, that so early as the middle of the sixteenth century* this root was employed in the *Lues Venerea*, and for this particular symptom, a node. Perhaps both this medicine and guaiacum may have some degree of specific power in the more advanced stages of the disease, when the periosteum or bones are affected. The author just quoted, has, after describing two kinds of gummata, one of which we now call a node, remarked, that they arose *post inunctionem hydrargyri, qui non sanarit ægros*; and I apprehend they are owing to the

* *Salsa est regina in hoc, quia discutit topkos quodam quasi miraculo, lignum guaiaci etiam digerit, sed non ita, nec tam facile*, Pag. 816. *Aphrodisiac. Gabriel. Fallopp. de Morbo Gallico. Cap. 115.*

repul-

repulsion of the pustules from the surface of the skin to that, of the periosteum by the too partial operation of the medicine on the disease; and not to its deleterious effects on the constitution.

Having given the most usual forms, in which a mercurial course, under confinement, generally appears in daily practice, when employed for the cure of the most obstinate symptoms of the *Lues Venerea*, I have only to add a few observations on its intrinsic merit, as a method of treatment. I must apprise the reader, however, that I have all along placed it only in a general view, as a means of relief for the very worst stages of the disease, nor do I now mean to apply it to any one particular symptom—that will be done hereafter. But thus much it may be proper to say in this place; that in the method under confinement any quantity of mercury may be introduced, into the general circulation, excepting those persons only who salivate very readily, and even in that idiosyncrasy

a small quantity may be so managed, as effectually to do the business of a much larger, and with the most perfect quietude of mind and body. We can with the utmost ease and certainty, and without the smallest check from irregularities, the action of cold, or other circumstances, proportion the quantity to the effects on the system, and both, to the disease. We can cure by this method in the shortest space of time possible; and by a proper attention to the habit of the patient, the practitioner may generally, and at pleasure, make its effects slight or violent; he can therefore adapt it to every symptom. Thus a recent chancre he may often cure in a fortnight or three weeks, without affecting the mouth much; and the very worst secondary symptoms, within three weeks, a month, or five weeks. As to the consequences of a too rapid or violent salivation, with the precautions I have mentioned, they may in general be prevented. In summer as well as winter, the patient's chamber should not be too small,

small, and when there is an aptitude to salivation it will be of service, especially during the former of these seasons, if at the commencement of the course he ranges from one room to another, or even lets in fresh air, occasionally. But in the opposite constitution, the same liberty is not allowable, for it will impede the natural operation of the medicine; nor can it in any case be safely adopted with the same freedom, in winter. A mercurial course, under confinement, *when the rules I have laid down are carefully followed*, will, I believe, prove generally speaking not only the most certain method of treating the disease, but when applied to the most delicate constitutions it possesses fewer inconveniences, than any other; for it has not the danger which the prosecution of an alterative course ever will have in so variable a climate as that of Great-Britain; it is not subject to the same interruptions; nor has it the inconveniences of ordinary, or rapid salivation. In short, the effects raised, are simply those

of the medicine, assisted indeed, but not counteracted by any one circumstance under which the course is undertaken: and what weighs more than any thing I have yet said, the weakness it occasions resembles that which follows a short-lived, acute febrile disease, and immediately goes off upon the patient taking to his former habits.

THE

ALTERATIVE METHOD

IF an alterative course were to be conducted according to the ideas of some practitioners, it ought to be so managed as to avoid symptoms of salivation entirely; I mean by the term every affection of the mouth whatever; and the precise point to which it should be carried, be to the production of inflammatory diathesis only; that is, to a præternatural fullness, frequency, and strength of the pulse. But if such method of employing mercury be applied to a genuine venereal symptom, and cures; it will be but in very few instances. For, to say nothing of the natural tendency in the medicine to lay hold of the mouth, which no man can always pre-

vent; it may with truth be said, that amidst the variety of cases which do daily fall to the lot of every practitioner, to one cure effected in the above way, there are at least ten, in which a very palpable and considerable affection of the mouth must be raised; not only purposely, as an indispensable requisite towards a cure, but unavoidably. It being impossible, in some habits, to introduce mercury enough to cure without it. And therefore the doctrine, however specious, can be very seldom applied with advantage to practice: And when too implicitly relied on, may do much mischief, by leading the incautious and inexperienced astray after an *Ignis fatuus*, when they should be following a substance, and depending upon the more solid effects of the medicine.

The leading principles, already laid down, when speaking of the preceding method, are, *mutatis mutandis*, applicable to the alterative. The great discriminating circumstances are exercise and exposure to the open air; under a regimen

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somewhat less stimulating and nutritious than in the ordinary habits of living. To which may be added, in the idiosyncrasy which is soon affected by mercury, the introduction of the medicine in much smaller doses.—In the opposite temperament, if we mean to raise the proper antivenereal effect, the doses must frequently be as large as when the medicine is used under confinement.

I will suppose it entered upon by frictions, as in the preceding method. We are very properly directed to begin with small doses; which are to be increased in strength, and applied at longer or shorter intervals, as circumstances may direct.—If a tendency towards salivation should at any time appear, we are to put an immediate stop to the further use of the medicine, and to wait till such tendency is removed, After which we are to have recourse to the stimulant again, and with this restriction, to continue its introduction till the disease is cured. We are not to load the system hastily with so large a quan-

tity of mercury as in the foregoing course, but to endeavour, by the use of smaller doses, proportioned however to the prevailing idiosyncrasy, to produce a more slow and gradual accumulation; and the number of frictions, be they more or less, should form as it were a continued and well connected chain; so that, towards the close of the course, the system may be acted upon fairly, by the conjunct force of the several doses. Such, in few words, are the general outlines of this method.

The degree of inflammatory diathesis is less to be depended upon for ascertaining the due absorption of the stimulant and its proper action on the disease, than in the preceding method; because an irritable or inflammable habit, when stimulated by mercury, introduced under the influence of air, exercise, and a nutritious diet, is much more easily heated, than when these last circumstances do not prevail; and it is extremely clear, that a much less quantity will alter the state of the circulation,

culation, by its mere stimulus, than will produce a proper antivenereal change on the fluids. Therefore, no reliance should be placed on this symptom, when it is pure and unmixed; and not that alteration in the system which precedes and attends an affection of the mouth. But it may be considered as an accident requiring the occasional interposition of evacuations, and an antiphlogistic regimen. And we must endeavour to ascertain the progress we make by other circumstances. If the medicine causes a tenderness, or uncommon taste in the mouth, with disposition to salivation, though the affection be slight, we may be certain that it is as much the mark of an internal putrefactive process going on, in this method, as in that under confinement: of a process, however, which is kept under by the influence and strengthening power of the three circumstances just mentioned. But, notwithstanding, the extensive operation of these causes in this kind of course, such is the power of the medicine,

dicine, that the usual effects of mercury, under confinement, are sufficiently evident to satisfy an enquirer that the internal changes do actually take place; though, perhaps, not so completely. The costiveness, before the mouth becomes much affected, and the fœtor when it is, the emaciation, extreme languor, sometimes with cold colliquative sweats, or dysenteric kind of purging, &c. are generally, when the course cures a bad symptom, so strongly marked, as to put the matter out of all doubt. There is even a similar attenuation or want of natural cohesion in the blood. The great difference, in the two methods, arises from the causes above assigned, and whoever considers attentively their influence, will be sensible, that such causes must act as checks to the putrefactive effects of the medicine; and that to these, the seemingly smothered state of its operation is more owing, than to the manner, in which it is introduced. The predominant circumstance in the former method was weakness; produced by the
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rapid introduction of full doses, under strict confinement and total inactivity. That of the present, is strength, generated by a more cautious management of the medicine, when the constitution is at the same time under the action of air, exercise, and a generous diet. The one shews how the invigorating power of the medicine may be diminished; the other, how it may be increased.

An alterative course will always cure in the idiosyncrasy easily salivated, with more certainty, than in the opposite state of the body; and this leads me to speak of the doses by which this method should be conducted. In the former of these cases they should be small, and so managed that they may gain as it were insensibly on the constitution, without raising a considerable affection of the mouth; and if this is done properly the system will soon become accustomed to the stimulant; the power of habit prevailing by degrees over the natural tendency to salivation. If, however, the mouth should become suddenly and prematurely

maturely affected, it will be proper to desist immediately from the use of the medicine; and, when this symptom is suffered to subside, it may be generally repeated with more boldness than before. Whenever the opposite Idiosyncrasy can be known, the doses should be larger, and repeated with greater freedom; and without this precaution it will be extremely difficult to produce the requisite degree of putrefaction and weakness.

The greater number of doses required to obtain the same antivenereal effect in this, as in the other method, weakens the general operation of the medicine. Therefore whenever the power of habit shews itself, the dose must be not only increased, but it will be most frequently necessary to introduce it in a new form: if frictions were first employed, an active internal preparation may be added to them; if this should prove insufficient, another should be called in, as an aid to the means before used; and in this way the proper

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per action may be kept up. If the stimulant be urged too far, perhaps symptoms of salivation may arise; and if they appear at the latter part of the course, when the disease is nearly cured, they will be of considerable service: because they will point out the proper internal changes, after a due retention of a large portion of the medicine. But, if they come on too early, the case will be very different; the connection between the several doses being prematurely broken, the attempt to produce the requisite, but indefinable accumulation for a time fails. And in both cases, it frequently happens, if the symptom is an obstinate one, that, notwithstanding the use of the medicine for some weeks, and the present affection of the mouth, it will remain unaltered or perhaps is but just beginning to put on a favourable appearance; plainly indicating, that the internal process is only in its first stage, and that a further, more considerable action of the remedy, and greater degree of putrefaction, are necessary.

necessary. How are these to be effected, when the situation of the patient precludes the observance of confinement? They are in such a case to be brought on, only by the longer continuance of the stimulant. If the present affection of the mouth is so considerable, that more of the medicine cannot be immediately introduced, there must be an intermission for one, two, three, four, or more days, and, if the practitioner is not extremely attentive, the putrefactive process, which was going on when salivation was impending, will suddenly be stopped, and the invigorating effect of the remedy will soon shew itself, by a fresh flow of spirits, and by the amended health of the patient. So that after this, the course must be recommenced, under difficulties very much increased.

But if this should occur in the habit easily salivated, I believe, it will be of no great disservice: for when the symptoms are fairly suffered to go off, the proper accumulation may be afterwards
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made without danger of another premature interruption: a second affection of the mouth being most frequently more difficult to raise than the first. But, if it occurs in the other kind of habit, from cold throwing up a quantity of blood to the head; from violent exercise; the unexpected absorption of a large dose of mercury, &c. it will render a future attempt to cure extremely difficult. In this case, the affection of the mouth, and general state of the patient, must be accurately watched, and upon the very first appearance of relaxation in the symptoms of putrefaction, the medicine must be again recurred to: for it is inconceivable to those who have not attended to the fact, how very soon, symptoms of strength will appear, and counteract our future endeavours upon the smallest interruption or diminution of the usual doses: I mean in this particular habit. Both these situations are rather embarrassing; for in both there must be a temporary suspension of the effects of the medicine,

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by which its operation on the disease must be weakened. However the shorter the interval the better; and, when the mouth is not much affected, it is frequently of singular advantage to continue the use of the remedy in a very small dose; thus from half a grain to two grains of *Merc. Calc.* may often, notwithstanding the seeming tendency to salivation, be had recourse to, and repeated occasionally, and so powerfully will the circumstances in which the patient is placed keep under this tendency, that the soreness of the mouth will frequently diminish, though the medicine be continued in this manner for some days, and at length get into such a state, as plainly to point out the necessity of larger doses. If I can prevail with my patient, I generally begin with frictions, and seldom use a larger quantity, for the first fortnight or three weeks, than *ʒij. Ung. Merc. fort. omni nocte.* If the medicine occasions a purging, the bowels must be quieted by an opiate; that done, if no considerable affec-
tion

tion of the mouth follows, it may be repeated and continued. If costiveness supervenes we may be certain that it has not only fairly entered the circulation, but that it will not be long before it will shew some salutary effect on the disease.—If there is no danger of a sore mouth I now recommend an internal mercurial, and let the bowels be ever so irritable at the commencement of the course, they will generally bear one perfectly well at this period of the process*. If the patient objects to frictions, at the beginning of the course, *Mercur. crud. cum Bals. sulph. ext.* may be substituted; but in a small dose, which may be gradually increased—Whether it purges much, or is after some days, followed with costiveness, a similar method of treatment may be adopted, as when speaking of frictions; the same may be said of *Calomel. Merc. calc. Solut: sublim.* when the course is entered upon

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* I generally use *Merc. calc.* or *calomel* if they set easy; if not, *Merc. crud. Bals. sulph. ext.*

with them, and the constitution will bear the irritation of these medicines.

In a very few days, and sometimes immediately, from the commencement of the costiveness, the effects of the medicine on the mouth may in a small degree be perceived; the patient becomes thin, pale, and somewhat weakened, but sometimes the costiveness appears many days before the other symptoms, and sometimes the natural state of the bowels is not much altered. When, however, the foregoing effects of the medicine are present, great attention, in the further prosecution of the course, will be required to keep the balance even, between the circumstances which dispose to strength or weakness. For as, on the one hand, by urging the remedy too precipitately, the practitioner may bring on such an affection of the mouth as may put him under the necessity of confining the patient; so on the other, by not pushing it far enough, he may suffer its invigorating power to get too great an ascendancy over the habit; and

and thereby lessen the efficacy of the course, as an antivenereal. In the method under confinement already considered, we are apt to rely too much on the effect the medicine has, *simply on the mouth*, without regarding sufficiently the *quantity* employed or its *retention* in the system. In an alterative course, being pretty sure of the two last circumstances, we trust, perhaps, too much to them, without considering that the internal symptoms of putrefaction, of which the affection of the mouth is only the general mark should be not only raised, but kept up, till the disease is perfectly cured. This putrefactive process not only comes on much later, but a cure most frequently requires, that it be continued longer, than in the method under confinement. I mean when the intention is to cure a troublesome primary or secondary symptom. If the remedy can be so managed as not to affect the mouth too soon, and a fair accumulation is at the same time made in the system, within three weeks or a month, there will re-

main the same space of time for the production of the putrefactive change: for a cure can seldom be performed in this method in less than five, it is often six weeks, or two months. And this variation depends, on the obstinacy of the symptom, on the habit of the patient, on the effect of the medicine, and on the prevalence of those circumstances during the course, which dispose to strength, and which counteract the natural progress of the medicine: and to these may be added, a regular or irregular method of living. Indeed irregularities may occasion its protraction greatly beyond the limits above mentioned.

The degree of affection in the mouth differs greatly in different persons. Sometimes, after a fair accumulation effected within a month or somewhat more, the tenderness of the gums shall be so trifling as to be scarce perceivable, and that only at the very close of the course; sometimes there shall be a fair secession of the gums from some of the teeth,
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even after three weeks, which shall continue till by the repeated attacks of the medicine on the system the disease shall be fairly eradicated; the tenderness of the mouth, during all that time, being neither lessened, nor materially increased.

The effects on the disease are in this case gradual, they do not begin till the mouth becomes touched, nor till the usual symptoms of putrefaction, as prostration of strength, &c. arise; and the cure is seldom completed till a considerable degree of emaciation and weakness has taken place. But it sometimes happens, even in this method, that a similar effort in the system prevails, as in the method under confinement, of forcing open one or more of the secretions usually influenced by mercury. If this should appear at the close of the course, when the system is sufficiently loaded, the effects of the remedy will be as conspicuous, but not quite so rapid, or certain, as under confinement; and when it has been preceded by some degree of tenderness in the mouth, with prostra-

tion of strength, &c. for several days; it is the limit beyond which we should not go. Indeed when these effects have subsided, if the disease still continues, and nothing contra-indicates, the medicine may be again recurred to. For though in salivation the decisive revolution seems sometimes to take place in a few hours; that depends entirely on its violence, and on the perfectness of the external and internal changes. We are not to expect the same consequences in an alterative course. However, even in this, the transition from disease to health is remarkably quick, and is, at the end of the process brought about by the operation of the medicine in a few days. It is therefore less necessary to guard against interruptions at the commencement, than towards the close of the course. For the business of the first weeks is to cause a due absorption and retention of a sufficient quantity of the medicine; the intention in the latter weeks should be carefully to watch over
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and sustain for a proper length of time the anti-venereal effects of the medicine.

The habit which salivates readily, is much more under control in this method than in the preceding, and the effects of purgatives, and the warm bath, for repressing an impending ptyalism are much more to be relied on. And this is probably owing to the concurring influence of a constant exposure to the external atmosphere.

But the most troublesome case is, when the circumstances under which the course is pursued co-operate with an acquired or natural inaptitude to salivation. The medicine has been introduced, we will suppose, for several weeks; no alteration, save perhaps a slight emaciation, can be perceived in the patient's appearance, nor any in the disease. What is then to be done? If the symptom is a hazardous one and spreading with rapidity, confinement will be the safest and best assistant to the cure. But if he cannot submit to this; if the doses of the medicine have been already in-

creased to the utmost, another preparation may be added to the first, and so on. Or, if little or no tenderness of the gums has yet taken place, a mercurial topic may be applied directly to the mouth and throat, which by giving to the medicine the property it seems more particularly to want, I mean the disposition to affect the salivary glands, perhaps its proper operation on the system and disease, may be produced.

The best medicine I know of, for this purpose, is *Mercur. alcaliz.* thrown dry from a paper into the throat, and suddenly washed down with water. But if this, and the other means recommended fail, there is no alternative but confinement. As to a cinnabar fumigation to the throat, unless there are spreading ulcerations on this part, it has too powerful an effect on the salivary glands to be trusted to; though this preparation might be applied as a topic, in the case of a spreading chancre on the glans, and by this surface, a considerable portion
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of the medicine may be taken into the circulation.

The inconveniences of the alterative course, just described, may be ranged under two heads: the one appertains to it as a method, its defects being interwoven in its very nature, which no modification in the application of the medicine can fully remedy. The other it possesses in some measure in common with the method under confinement. Under the first, come all those cases in which this method has generally, and will for ever prove injudicious and ineffectual. It is injudicious to trust to it when a symptom is to be treated which is proceeding with great rapidity; in which much more injury is likely to accrue to the patient, if he waits the issue of the slow effect usually attending an alterative course, than he can possibly receive from a temporary fore mouth.— I have fully shewn that the decisive change in this method never can be produced in a short space of time, unless salivation is absolutely risqued, and if
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thistakes place, the course is no longer an alterative one, for the cure must be finished according to the method under confinement. If the anxiety of the patient, or mistaken zeal of the practitioner, prompts the latter to the use of a powerful topic before the proper antivene-real effects from the general application of the remedy have appeared, eight times in ten he will not cure the disease; he will only damp the fire for the present, which at some future time will rage in the old, or a new form with inconceivable obstinacy: as this, therefore, can be only a temporary expedient, there is no man, I hope, however blinded he may be by prejudice, who will not see the propriety, I had almost said the absolute necessity, of confining the patient under the circumstances just described. It is ineffectual, when the power of habit and idiosyncrasy of the patient so far predominate, that no quantity of mercury, however large, can be made to produce the proper putrefactive consequences.

Independent of the accidents to which those who have weak lungs, of every temperament, are liable from the action of mercury; there is one in which I have never seen a mercurial course entered upon, whether under confinement or in the alterative way, but with a great degree of serious anxiety. The case I have in my eye is the true and very delicate sanguineous temperament, in which the complexion is exceedingly fair and florid, the hair light, the eyes blue, the make slender, the neck long and tapering, the shoulders high, and the chest perhaps narrow; in which there is a constitutional propensity to catarrh, to hæmoptoe, and phthisis pulmonalis. Let the two methods which have been very fully, and I hope fairly considered, be applied to this particular constitution; and let any man, who is capable of determining from his knowledge in the natural progress of diseases, and in the effects of medicine, tell me, whether in such a constitution an alterative course continued for an obstinate primary, or secondary

dary symptom, for one, two, or perhaps three months, during the coldest and most variable seasons in our climate, or even in summer, is not much more likely from its consequences to be injurious, than the other method, which does not take up half the time, and in which all exposure to the inclemency of our atmosphere and every kind of inducement to irregularity are wholly avoided: and lastly, in which the quantity of mercury necessary for the cure is not perhaps half so much. And this leads me to observe farther, that in a tedious alterative course, the strong action kept up in the vessels is not of the acute, but of the chronic kind, which in every, even in the best possible, temperament, must more or less dispose to hectic. But I am happy to have it in my power to say, that amidst the great variety of cases, in which the alterative method only, can be employed, these *infortunia* do not happen often: and, when they do, irregularities on the side of the patient, who will not always submit to a proper regimen, have as

great, if not a greater share in doing the mischief than the quantity of mercury received, the length of the course; or even the exposure to a very changeable atmosphere. For it is very wonderful how easily, even delicate constitutions will, by habit and a cautious exhibition at the onset, accommodate themselves to the use of this medicine, and seemingly without material inconvenience. Indeed, if it was otherwise, the remedy would be almost literally as bad as the disease.

An alterative course then, conducted with the proper attention, may, with great propriety and general success, be applied to most of the primary, and to some of the secondary symptoms of the *Lues Venerea*. By the first of these terms I mean chancre, chancrous exco-ration, and venereal bubo: by the last, a venereal sore throat, when a primary symptom has preceded—venereal eruptions—nodes—venereal pains—venereal excrescences, &c. In the idiosyncrasy, too prone to salivation, it may be adopt-
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ed, perhaps, in preference to the method under confinement: the reasons for which have been already adduced, and I hope sufficiently explained. It must however be remembered, that this mode of cure is more certain and safe, in summer than in winter—in a warm climate than in a cold one, and under a guarded exposure to the very variable atmosphere of this country, than under an irregular course of life without such precaution.

There are certain topical applications, which have been very freely employed as assistants to the power of mercury for expediting a cure, or stopping the hasty progress of particular symptoms. These may be ranked under the general name of *sedatives*. By the term, I mean not those only, which in strictness of etymology come under this head, as the vitriolic and saturnine; but all mercurial, and caustic medicaments, whether used for the professed purpose of destroying a diseased surface; or in a more diluted state, as promoters of good sup-
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puration and granulation in parts ulcerated. For these, though they act with some degree of irritation, have yet ultimately, with respect to the disease, a similar effect with sedatives of the astringent kind. In this class may be ranked *Caust. Lunar.* whether in its original form, or dissolved in a very large proportion of water. *Merc. Præcip. R.* whether employed alone, or mixed with a cerate of wax and oil, &c. They have a tendency to check, and even cure a venereal sore, though the disease, of which this sore is a symptom remains unsubdued in the habit. And this is one cause of imperfect cures in primary symptoms, and will in part account for the great number of those called secondary, which are daily met with. If these applications were employed with proper caution, and never; without the fairest and most unequivocal general operation from the specific, this recurrence of the disease would not so frequently happen.

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Some of the best writers, both ancient and modern, have cautioned us with a great deal of earnestness against the use of astringent sedatives, and other repellents, in some of the stages of the *Lues Venerea*; particularly in the three general primary symptoms above mentioned. And being fully sensible of the inconveniences arising from the application of these topics to a common chancre, which they could see; they transferred the same idea to the *gonorrhœa virulenta*, which they seem to have taken for an internal ulceration of the chancrous kind. If their notions of the Gonorrhœa had been just, the doctrine they have laid down would have been equally and upon the same principle applicable to both symptoms. Without entering at present minutely into the theory of the Gonorrhœa, it may be worth while to shew that though disagreeable consequences do sometimes arise from the application of sedatives to the train of symptoms which go under that general name; yet a moderate attention to practice

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tice must convince any one that they are not those of a chancre or chancrous excoriation, imperfectly or too suddenly healed. For, from the latter we have generally secondary symptoms of the *Lues Venerea*; in the former, so far as my experience has extended, we have not. At least the assertion is strictly true, in much the greater number of Gonorrhææ which are daily met with and are called virulent: and if I mistake not, the ill consequences arising from astringent sedatives when applied to them are of another and very different kind; and are owing more to mismanaged inflammation, than suppressed infection.

At one period of a virulent Gonorrhæa, not only the whole tract of the urethra, but the glands in immediate connection with it, and which open into it, are rendered highly irritable, and are in a state of increasing inflammation. The smallest stimulus applied to any one of these parts is very readily extended to, and vibrates throughout the whole. The discharge under these circumstances, though thin,

and perhaps somewhat stimulating bears a proportion to the violence of the inflammation; and when the latter is sufficiently moderated, becomes greatly instrumental to the cure; as it is an evacuation immediately from the part inflamed; whose vessels it never fails to unload. If we put the idea of infection out of the question, the same kind of antiphlogistic treatment nearly becomes necessary in the inflammatory stage of this disease, as in a true peripneumony, with spitting from the mucous membrane of the lungs, or as in a very violent inflammatory catarrh; and as in these two diseases the sudden subsidence of the increased secretion from the membrane never fails to exasperate the inflammatory symptoms to such a degree, as sometimes to threaten immediate suffocation; or, if the patient escapes this danger, to terminate in suppuration, ulceration, or adhesion; so in Gonorrhæa, when a check is put to the discharge from the urethra by an astringent sedative, by a calomel, or any other injection,

injection, which diminishes considerably, or totally stops this natural evacuation; the tendency to phlegmonous inflammation in every part of the canal, but that which the sedative immediately touches, is greatly increased, and a train of deep seated inflammatory symptoms ensue. A medicine of this kind therefore is in no case safe under the circumstances above-mentioned; it is unsafe even with an antiphlogistic treatment, but it is infinitely more so without it: and if the patient escapes the effects of immediate inflammation high up in the passage—hernia humoralis—affection of Cowper's glands or the prostate, he most frequently lays the foundation of a future stricture.

But the consequences of a suppressed venereal symptom are very different, and are purely, and without the smallest mixture of inflammation, those of repelled infection; and the never failing consequence of an improper general or topical treatment of a venereal bubo, chancre, or chancrous excoriation, will be to produce at a future, perhaps no

very distant period, some one or more secondary symptoms; and in these, as well as every other case of the *Lues Venerea*, properly so called, the practitioner should depend as much as possible on the general effects of the specific for a cure.

Some have imagined that the first rudiment of a chancre; that is, the pimple before its conversion into an ulcer, was curable solely by the application of a caustic; others go so far as to imagine that an incipient chancre, even when it is fairly characterised, may be in like manner healed, without any ill consequences ensuing to the constitution; in both cases they go on the principle that the complaint is merely local; that the poison has not yet entered the circulation, and therefore that this kind of treatment cannot do any injury. With regard to the first of these states, no man I believe can distinguish with certainty a venereal pimple from one which is not so. But if he could, the impropriety of all topics is to the full as clear and irre-

fragable as in the more advanced stage of a chancre. Whether the infecting fluid be received by abrasion, in which case it undergoes a change in the infected part, on which it is deposited, or whether it is immediately absorbed by the lymphatic pores, and conveyed to the inguinal glands, as when a bubo appears as a first symptom; the fact I believe is, that it is taken up and mixed with the circulating lymph, even in *coitu*. If that is the case, the practice I am now considering must fall to the ground, and is on no principle whatever defensible: so that chancre, chanerous excoriation, venereal bubo, though apparently local affections only, are yet symptoms of a general disease, which exists in the habit from the moment of infection.

In a small, very recent, and uninfamed chancre even water, when it has been taken from a spring impregnated either with aluminous or vitriolic particles, may be so powerfully sedative as to stop the progress and fermentation of

the poison on the part, and heal the ulceration: and in this stage of the disease *Lotio ex calomel Ung. Mercur, Cerat. alb. cum præcip.* R. all medicines of the *vitriolic* or *saturnine* kinds, and many others, will have a similar bad effect. In the more advanced state of a chancre the same sort of applications may be hurtful, by causing the sudden cicatrization of the sore, or by making it put on that healthy appearance which should be produced by the most unequivocal general effects of mercury on the constitution, and, if possible, by those only.

And I am very much mistaken if these kind of applications have not a tendency to drive back into the circulation a considerable portion of true infecting matter, which when a chancre is left to the general operation of mercury would find an exit from the part and from the system. Whether it be owing to this circumstance or no, I cannot say, but I think I have several times seen the progress of the more advanced symptoms of the disease brought on before the usual period, by the

too sudden healing of a chancre or chancrous excoriation. An astringent sedative generally leaves a mark on the cicatrix of a common chancre that it has healed, by which its action may be distinguished from a topic simply mercurial; this mark is a general hardness of the part, or of its circumference, as if the styptic quality of the medicine had puckered up one large, or a number of small inflamed lymphatics, and sometimes a turgid vessel may be traced from this induration towards the nearest lymphatic gland.

Mercury, even in its mildest form, when used as a topic, is perhaps no less dangerous than a powerful astringent sedative; though this opinion wants some further proof.

It may be said that when a chancre has been healed by the general operation of the remedy simply, when no other topic has been used but mere water, and that only for the purpose of cleanliness, that a small portion of infecting matter may adhere to the external parts sufficient to reproduce the symptom when it has been

once healed, or that by its contact with the sebaceous matter of the glands, or mucus of the urethra, it may cause a *gonorrhœa virulenta*. Having often seen a chancre at the orifice of the urethra, simple and without any one attendant symptom of a gonorrhœa which has yielded in due time to mercury only, without the smallest appearance of this last disease supervening, I very much doubt the truth of the above opinion. But, supposing it well founded, it only proves this, that a certain portion of the remedy for the perfect elimination of the disease, should be applied to the part infected, as well as to the system, and that though a mercurial topic may be called in, as an assistant to the more powerful general effects of the medicine, it is by no means to be trusted to alone, or employed, when those effects have not been produced, or when they are imperfect.

If a mercurial sedative acts powerfully it frequently leaves no hardness on the part by which its operation may be traced, it is therefore, when too much trusted to,

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to, a more dangerous application than those of the astringent kind. And even when the stimulant is used to the system in general, if its operation is defective in any of its most essential requisites, what is it but a sedative?—It will damp, and that for a very considerable length of time, the disease it would have cured, had the proper internal and external effects been produced.

What has been said in regard to sedatives in general, will, I hope, be sufficient to dissuade all those who have not attended much to their operation, from using them without a pressing occasion; this occasion does sometimes occur in practice. In an ozena, in spreading ulcerations of the tonsils or uvula, in large spreading chancres with considerable phymosis, and perhaps in a few other cases, they may be employed early, to prevent mischief which is impending, and of the most alarming kind; but when they are, the general operation of the specific should be complete in all its parts; and sometimes they may be necessary, not
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only whilst the decisive putrefactive changes are taking place, but afterwards not simply as means of cure themselves, but as powerful remedies to quiet local irritation, and assist the proper antivenereal effects of the general stimulant. When the disease is palliated, but not perfectly cured, by the joint effects of these kind of medicines, and a slovenly general use of mercury; the symptom which supervenes is generally much more difficult of cure than when the same symptom has occurred from the imperfect operation of the medicine simply, without the interposition of any sedative topic.

If a venereal symptom is suffered to remain under the influence of no other circumstance, save the general and proper action of mercury, by carefully watching the progress of that symptom, a very good direction may be obtained as to the quantity of the remedy to be introduced, and as to the effects it must raise in the system. But if the appearance is altered by a topic, this very useful source of information is lost, and, in that case, the
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only dependence for a cure must be on a very powerful operation from the medicine; and this operation may perhaps be more violent than the disease would have required, if no such topic had ever been used.

What has been now said on the abuse of sedatives, only respects the patient, as an individual, and has no reference to society.—But, if it be considered, that every person, infected with chancres or chancrous excoriation may, during the existence of either of these affections, very readily communicate the disease to no inconsiderable number of women, and that when once the infecting medium, the venereal matter, is done away from the parts by the action of a sedative or a caustic, it is evident, though these applications may be injurious to the patient, yet they are certainly, in many cases, effectual in preventing the farther propagation of the disease from one sex to the other.

From what has been said respecting the external use of sedatives, the reader will

will see, that I am no enemy to them when they are employed merely to assist the general operation of mercury, by quieting local irritation, Nor to the application of *caust. lunar. mer. præcip. r. pulv. sabin. &c.* whenever the structure of any part is so far injured, that the usual applications to the system will not reach it; as in some excrescences. But I would advise the utmost caution in the use of the one set of topics, or the other, in cases of simple uninfamed chancre, or chancrous excoriation; more especially, when the general effects of the specific are, in any degree, equivocal.

In the foregoing pages the ill consequences of a too sudden, and too violent affection of the mouth; and the anti-venereal power of the method under confinement, when no such affection could possibly be raised, were distinctly noted, and the attention of the student directed to that *middle* state, which is equidistant
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from the two extremes, of violent salivation, and the slightest possible impression. Having so done, I was greatly surprized to find myself represented, as an advocate for common, or unqualified salivation, and of salivation only, in the cure of the *Lues Venerea*; more especially, as I had taken some pains to discriminate between the *internal*, most essential effects of mercury, which denote a putrefaction *sui generis*, from those which are *external*: and had actually applied this very principle of putrefaction, in contradistinction to salivation, as the only probable one, that could account for the known anti-venereal power of the remedy. The former inquiry, so far as it went, was by no means designed to raise the reputation of the one method, unfairly, and at the expence of the other; but it was a free, and liberal investigation of the merits, and demerits of both, as they are generally practised. It did not tend to an implicit reliance on any one mode of treatment, universally; or in all possible cases. But it shewed clearly, the propriety

priety of adopting the leading principles of salivation, or the alterative method, as circumstances should direct. In the discussion of a great practical question, I was, it is true, under the necessity of entering into a minute examination of the usual effects of *salivation*, in all its different states. But the particular application of these effects, to the several degrees of virulence, and stages of the disease, was reserved for a subsequent part of the work. And though a general preference was given to the *middle* state above specified; yet that state differs very materially from *common salivation*. It is neither raised in the same manner; nor has it any of those painful effects attending it, which render *that process* greatly dreaded by all ranks of people. To apply the term of common, unqualified salivation, therefore, to such a mercurial course is to confound two things, which are, in their own natures, widely different.

If by the term salivation, I have been supposed to mean, the mere salivary secretion, more especially when it is violent,

lent,

lent, it is readily allowed, that that, is not necessary to a cure; because it is, when unconnected with other effects, an evacuation only. But I have all along intended the word in a very different sense; and employed it, to express a method of cure under confinement, without any reference to the mere salivary discharge; but in which the mouth is most frequently more or less affected, not simply with an increased secretion of saliva, but generally;—with tenderness; slight, superficial excoriation; temporary secession of the gums from the teeth; and a greater, or less degree of fœtor of the breath. These *external* effects are described to be nearly synchronous with others, called *internal*. And I believe the production of the *latter*, in a greater or less degree, to be in every case truly venereal, absolutely necessary to a cure, and that no instance of failure can be adduced, in which they have been *perfect*; and they may be so, not only without any degree of salivation, but almost without any perceivable affection

tion of the mouth, the one set of effects is always necessary; the other, only when the putrefactive changes cannot be produced, without the correspondent external type.

When an affection of the mouth has, however, by accident, arisen to any degree of violence, and manifested a very quick and extraordinary degree of antivenereal power, (as in the first history given, page 19,) to deny its efficacy would be, to be wholly insensible to a self-evident truth.

Without applying this fact to any particular case, I mentioned it, as a circumstance worth knowing. And I still maintain, that there certainly is a superior degree of power annexed to the remedy, when the whole of the putrefactive process takes place with this train of consequences; a power, which, no modification in the effects, short of salivation, can *constantly* produce. But the application of this fact, to the symptoms of the disease, is another question; which I can only consider at present, in a cursory manner.

manner. When a practitioner attempts to cure secondary symptoms, without producing a fore mouth, he will sometimes find, even under the advantage of confinement, after a trial of some weeks, that his patient is far from well : in such a situation, it will be a comfort to himself, and no small benefit to his employer, to know, that by increasing the doses of the medicine, so as fairly to raise this affection, (though by no means such a one, as came on by accident in the above case, or such as is generally understood by the term salivation,) that the cure will *certainly* follow. Every man, conversant in the disease, must be sensible, that such a kind of salivation is sometimes unavoidable ; and they who are not, should have the candour to be silent, till time and experience shew them, whether the proposition be true or false.

To explain more fully the author's ideas of the method of cure under confinement he wishes to recommend ; (for salivation, in the common acceptance of the word, he cannot allow it to be.) All,

he contends for, is the propriety of producing the important putrefactive changes so often mentioned, with a short lived tenderness of the gums, and parts within the mouth, with fœtor, and moderate secretion of saliva. A chain of effects, which, in his opinion, should be neither raised hastily, nor by too small a quantity of mercury, but progressively; after several days have been spent, in forming a sufficient accumulation; which effects are not to take place as in salivation, at the *commencement*, but towards the *close* of the course *. When the quantity introduced

* If Boerhaave, Van Swieten, and some other authors are consulted, it will be found, that they endeavoured to raise salivation, by a few doses of the medicine, in a very short space of time. These doses were, indeed, large, or taken from the most active preparations of mercury, and when they had once raised what they conceived to be the precise quantity of salivary discharge, they kept it up to that point for a greater or less number of days. — But tho' their doses were large, the aggregate quantity of the specific used was generally small. In all those cases in which the flux was neither hasty, nor so violent as to preclude the further introduction of mercury, the quantity in circulation might easily be increased, and when this was properly attended to, the cures effected

duced has raised the usual changes in the system, and these have been followed by the removal of every symptom of the disease; then the medicine may be discontinued, and its effects suffered to subside; in general, without the necessity of employing it for a longer time. But if the changes should not be perfect, nor the symptoms cured, the state of the mouth will be favourable to the further use of the remedy, and the quantity in circulation may be immediately increased, without the smallest loss of time, till it has reached the precise point.

Laying aside other considerations that might be offered; such a method of cure is, generally, much less exceptionable than an alterative course; because the practitioner has the remedy wholly within his power, under the most favourable circumstances, for a cure; because in this way, a

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much

effected by this method were perfect. But in all hasty, rapid salivations, when the doctrine of Sydenham, that the disease could be cured only by salivation, was too implicitly relied on, or not clearly understood, they must have failed very frequently.

much larger quantity of it can be safely introduced within the same given time; and also, because its natural operation seems to be more perfect. It is preferable to hasty or ordinary salivation; because the quantity of mercury taken in, and retained, is not limited; because the necessary accumulation may be completed without interruption; and because the pain inseparable from the usual method of salivating, is, in a great measure, obviated. It has advantages, even over that method of treatment, in which salivation is intended, but in which, little or no perceivable affection of the mouth can be produced; because it will cure in much less time, than such method; because it requires a much smaller quantity of mercury to effect a cure; and because it is, from that very circumstance, probably less injurious to the constitution.

The above treatment will cure many secondary, as well as primary symptoms. The alterative method, will do the same; though by no means in so short a time, nor with the
same

same certainty, or safety. I sincerely wish I could say, from experience, that these methods were always equal to the disease. But the truth ought not to be concealed. The uninformed should know, that there are some symptoms, which no alterative course, hitherto made public, will ever cure, so as not to have a relapse in future. Nor will even the above method under confinement succeed, in some few cases; unless the quantity of mercury employed be considerable, and the effects carried to the *fair point of salivation*. When I say that, I advert, particularly, to the kind of habit, in which the requisite putrefactive process cannot be made to take place, without a considerable affection of the mouth; and to the cure of the most obstinate stages of the disease.

A more direct, and circumstantial application of the above method, under confinement, when its effects on *the habit*, and *mouth*, need only be slight; of the same method, when more forcibly

urged to *fair salivation*; and of the *alterative*; will be given hereafter.

They only, who have carefully noted the operation of the specific in the worst secondary symptoms, can have a just, or adequate idea of the force, with which the disease, as it were, rivets itself, to some constitutions. I have made choice of these, as the fairest tests, for determining the relative degrees of power in the several methods; and waited patiently for years, to see, whether the cases that I supposed cured, actually remained so. I have scarce met with a single instance of relapse, in any case, in which the method under confinement was properly conducted. It has cured venereal ophthalmiæ, without leaving any defect to vision; venereal sarcocœles; eruptions; diseased bones, of many years standing. It has permanently cured obstinate ulcerations in the face, tongue, and throat; some of which had existed for years, and, from the little effect produced on them, by alterative and less rigid mercurial courses, had been thought to be cancerous and incurable.

incurable. And in all these cases it was not only necessary to use the specific, in the manner recommended *under confinement*; but to carry the effects to that point, at which it will generally produce the proper *internal* changes, either with, or without a *fair salivation*: and it has always cured with the greatest facility, when this alteration in the system has taken place *with* salivation; with much greater difficulty, when it has not. Though I believe that the one way may be as certain, as the other. From these facts, I think myself fully vindicated in giving a superior degree of efficacy to this method. But, what is frequently the only remedy in cases like these would be much too powerful for the milder and more general venereal symptoms, particularly for some of those, called primary. To cure which, a less quantity of the medicine, and much slighter effects, will amply suffice.

O B S E R V A T I O N S

O N T H E

T R E A T M E N T

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P A R T I C U L A R S Y M P T O M S .

HAVING in the foregoing pages made some general remarks on the medical properties of mercury in the *Lues Venerea*, I mean, at present, to point out more particularly, the application of those properties to the several stages of the disease. And that the reader's attention may be the more readily fixed to its proper object, as I proceed, I shall note the medical treatment of each individual symptom, mentioned in the first volume of this work. The former arrangement on the application of mercury was a general one; in which I endeavoured to shew, the different degrees of power in the medicine, under different circumstances, and

and was meant as a foundation for this part of the work. I am now to adapt that power, as far as I am able, to particular symptoms, having, at the same time, a reference to the specific disease, as the source from which all these symptoms originate. To this end, the quantity of mercury introduced into the circulation, the effects of that medicine on the system] and mouth, together with that influence, or power, which naturally arises from a just combination of effect with quantity, must be attended to, and proportioned, to the different stages, or degrees of virulence in the disease. If the first of these requisites (the aggregate quantity) be wanting, the effects of the medicine, how violent soever they may be on the constitution, or mouth, will frequently fail. And on the other hand, if, through inattention or want of judgment, these effects are never produced, the same misfortune will frequently follow from the largest quantity. Therefore, that seems to be the most successful plan,

plan, in which certain effects on the constitution, and mouth, are raised by a due quantity of the medicine. Having already explained my ideas very fully, as to the effects to be produced, I need not repeat them in this place. It may, however, be expected, that I should endeavour to fix and ascertain the quantity of mercury generally necessary for a cure. But as this has been shewn to be indefinite, and fluctuating, it will be best left to the judgment of the practitioner. As a general rule, I shall only say, that from a just consideration of the symptoms before him, whether primary or secondary, whether of an early or late date, when joined to a proper degree of attention to the effects and quantity of the medicine taken in, or absorbed, he may easily ascertain this matter to a certainty. As I do not mean to give a recipe for every symptom, in the manner of a receipt-book, so I look upon it, that whoever knows the disease, and is in possession of the facts I have taken some pains to establish,

blish, with respect to the effects of the medicine, can be at no loss, as to a very safe and effectual method of using it, nor of applying it properly to the generality of cases that may occur, whether primary or secondary, whether slight or violent. But there is one thing which must not be omitted. An early aphthous chancre certainly does not require for cure, either so large a quantity of mercury, or such considerable effects, as a more obstinate primary or secondary symptom. And this is almost the only instance, in which the disease considered abstractedly, and without a reference to Gonorrhœa Virulenta, can be said to require a smaller quantity, or slighter effects in one symptom than in another: A late chancre, an eruption, a node, and every secondary symptom whatever, demand, as parts of the same infectious disease, not only the same specific effects, but nearly the same specific quantity of the medicine. Thus, less than *Hydrarg. crud.* ʒviij. even under confinement, will seldom cure an early chancre, when
 used

used in the way of friction. In later symptoms zxxvi . or more, are generally necessary, unless what is wanting in quantity is supplied by the violent operation of the medicine on the constitution and mouth; and these, it must be remembered, will often compensate for the want of quantity*.

The general doses employed in frictions are, from *Hydr. crud.* gr. xv. to zi . and upwards, about a third part of which, and not more, may, perhaps, by rubbing for half an hour, get fairly into the circulation. I look upon *Hydrarg.* gr. x. *Bals. sulph. ext.* to be equal to *Ung.*

* In the cure of a secondary symptom, under confinement, I have known thirty grains of *Hydrarg.* used by friction, when the effects on the mouth have been violent, cure within a short time—and on the other hand, I have observed a secondary symptom of the same kind, withstand the effects of the medicine, and not yield to it, under five weeks, though considerably more than eight ounces has been employed in the fairest manner.—As a general rule, perhaps the quantity for a primary symptom should be never less than zi . nor less than zij . for a secondary one; when (as I said before) the violence of its operation does not supply the place of quantity.

Mercur.

Mercur. fort. ʒij. and ſo in proportion for a larger doſe.

With reſpect to *Mercur. calc. calomel. ſolut. ſublim.* and ſome other chymical preparations of the mineral; as they vary greatly in point of ſtrength, ſo are they very variable in their effects. The quantity neceſſary for a cure muſt of courſe be exceedingly different in them all. I ſhall therefore only obſerve, that the precise quantity of each preparation is aſcertainable by due attention to its ſtrength and effects on the mouth, habit, and diſeaſe. As theſe effects appear under confinement, or in the alterative method of uſing mercury, in both which there is a very remarkable difference in the aggregate quantity neceſſary for a cure, as has been already very fully ſhewn. Perhaps the beſt of them is the *Mer. calc.* and this medicine I am convinced may be ſafely given for a continuance in a larger doſe than has been customary. I have exhibited it to the quantity of *gr. ij. nocte maneque*, by a gradual increaſe from the firſt doſe, and with
great

great effect; and in those whose bowels are not easily ruffled, it may perhaps be given in still larger doses.

Early Chancre not very irritable, apthous—date from the time of receiving infection, within three weeks: vide vol. I. p. 23.— * The cure conducted under confinement by frictions—the effects to be produced—fætor of the breath, slight affection of the mouth, without mercurial griping, or much increase of the salivary secretion towards the close of the course, and principally by the latter doses of the medicine. Every friction from the beginning to the end of the course, must be fairly performed for the space of half an hour, by the patient himself, with his naked hands. The dose originally begun with may, after a little time, be doubled, trebled, or quadrupled, as circumstances may direct; and, even at that increase, continued for the necessary, but indefinable period. At

* I call this species of chancre apthous—but it may, with more propriety, be compared to a small spot, or portion of rusty bacon.

the clofe of which (as has been already faid) the above effects, which mark in a flight manner, the decisive operation of the medicine, fhould be produced, and they will, when raifed by the proper quantity of mercury, fhew a notable influence on the difeafe. The appearance of the chancre, after fpreading a little, will alter: its callous edges, and bafe will foften, it will grow clean, and become a healing fore. In fome cafes thefe effects happen after using the remedy for eight or ten days, even before the mouth becomes affected; but moft frequently not till a few days later, when the mouth and fyftem are evidently touched by the general operation of the medicine, at which time the venereal ulceration heals almoft immediately. But if it fhould not, the accumulation muft be increafed till that event takes place *fully*. The fore fhould be not only healed, but perfectly cicatrized without the fmalleft remaining hardnefs, and it may frequently be neceffary to continue the medicine for two or three days longer. The

difeafe

disease is now only in its infancy, so that the effects of the medicine need not be at all violent, and they are so certain in their operation, that they entirely supersede the use of all topics, water and dry lint only excepted. And as the local irritation is in this stage of chancre too trifling to require attention, there can be no necessity for any other application.

When the sore has been thus perfectly healed by the general operation of the medicine alone, the parts must be kept clean, by washing them for a few days with soap and water.

If it be considered, that this symptom, slight as it seems, is the principal origin of all that train of consequences, which have been described under the head of secondary symptoms, it will not, I hope, be deemed a waste of time, if I urge, in the most earnest manner, a due degree of attention to the quantity of mercury introduced, and to its effects on the mouth, system, and disease. I leave the quantity to be determined by the judgment of the practitioner; and shall only say,

say, that from the most accurate observations I have been able to make, from a great number of cases, it does not appear to me, that more than half what is generally necessary in a primary symptom of a much older date, or in a secondary one, is necessary in this stage of the disease.

I have hitherto supposed the medicine employed under confinement, which I am convinced, from numberless instances, is the most easy method, both for the patient and practitioner, when it can be complied with. But when this cannot be submitted to, either from the particular situation of the patient, his prejudices, or idiosyncrasy, an *alterative* method must be followed; and here the aggregate quantity of the medicine must be considerably increased, and the time of cure prolonged. It is however in general perfectly safe.

With respect to the conduct of it, care should be taken, that the connexion between the several doses should be preserved, if possible, entire, and without

the intermission of a single day, till a considerable accumulation is made. We will suppose, that not less than *Hydrarg. crud.* ℥ss. has been fairly used. The effects of the medicine should now be closely attended to; if the mouth is not affected, and the sore, either at a stand, or but just beginning to look well, it will be evident, that the present quantity is insufficient for a cure. The accumulation must therefore be increased, and the usual dose doubled, or otherwise enlarged; and each dose will operate more powerfully if used at short intervals. When the violence of the effects does not call for a diminution, or discontinuance of the usual dose, the process should always be carried on from a quantity comparatively small, to a much larger. If this order is inverted, that is, if after employing a full dose, the practitioner either negligently, or without necessity, has recourse to a small one, or goes from a strong preparation to a weak one, the course is immediately checked, and the effects to be expected from it, weakened.

With

With these precautions the medicine is to be urged till the sore heals, smoothly, perfectly, and without the smallest remaining hardness. In a case so recent, as that now supposed, by the fair introduction of a sufficient quantity of mercury, even tho' the effects on the mouth and habit should be so slight as to be scarcely perceivable, a cure will frequently follow, and that, when such quantity is by no means large, though always considerably larger, than in the method under confinement.

But it sometimes happens, even in this early state of the disease, that the mouth and system must be more evidently affected before the sore will heal, or shew the smallest tendency towards healing. Tendernefs of the gums, fœtor of the breath, disposition to increased secretion of the saliva, languor, prostration of strength, sudden emaciation, sometimes with, sometimes without a dysenteric kind of affection of the bowels, arising after a preceding costiveness, are the leading *external marks* denoting the deci-

five internal changes, which are at such time going on in the system, and as they are all synchronous with these changes, they also are decisive; and as such, when a less powerful operation from the medicine has been tried and failed, may be considered as the precise point to which we may safely go. And it is very seldom that we need go beyond this point, and, in my opinion, we never ought to do it immediately, that is, without waiting the effect of these phenomena.

Having thus in the first place secured a fair accumulation of the medicine, and then produced the natural effects from that accumulation towards the close of the course, whilst the system is loaded, we must wait the result. In some cases the sore immediately heals upon the coming on of these symptoms: when I say immediately, I mean in the short period of a night's time. But in others it may be three, four, or more days; for which time it will be right to trust to the present effects of the medicine, without attempting to lessen or increase them, unless

less they flag or become violent. Irritation will sometimes prevent a chancre from healing perfectly, even when the quantity of mercury has been a full one, and all the above effects in due degree; under that circumstance, after waiting for the operation of those effects on the sore for three days, I would immediately destroy the old surface, and cause the regeneration of a new one, by touching the part with the *Lapis Lunaris*: and with the same intention the *Merc. corros.* R. &c. may be employed.

For the few days, during which the medicine is producing its decisive effects, irregularities on the side of the patient should be carefully guarded against, exposure to night-air, and to cold should be avoided as much as possible; and if the bowels should be dysenterically affected, this symptom must be attended to.

It is very remarkable, but as far as my observations have gone, I have constantly found it true, that an affection of the bowels, with griping and tenesmus from mercury, unlike every other dysenteric

kind of affection, should never be treated by any kind of purgative, not even the most gentle. This should be particularly noted, for I have seen very great inconvenience arise from a non-attention to it. In more than two hundred cases I have known this symptom, and that restlessness which often accompanies the short period, during which the medicine is rapidly producing its decisive effects, relieved immediately, as by a charm, solely by quieting the general and local irritation with a warm opiate. *Philon. Rom. gr. xx.* will generally answer this purpose effectually. But if a single dose should be insufficient, or produce only a temporary relief, it may be repeated every eight hours, or night and morning. It will add to the efficacy of the medicine, if the patient will keep himself warm, and compose himself on the bed for a few hours. Costiveness, with some slight increase of the tenderness of the gums, and disposition to an increased secretion of saliva, come on in consequence of this treatment; the patient finds himself greatly

greatly refreshed, and in a short time, the whole of the effects subside. And, generally, from the moment irritation is quieted by the above means, the further use of mercury becomes unnecessary.

Some persons may perhaps think me premature, in applying the decisive effects of the medicine thus early in the case of a recent chancre. They certainly are not always necessary in this stage of the symptom: a fair accumulation of the medicine, with a very slight affection of the mouth, without the dysenteric effect, being generally sufficient to heal the sore perfectly, and without danger from future consequences. In the method under confinement just given, I must beg to be understood with the same limitation. But instances do now and then occur in both courses, even in this stage of the disease, in which they must be produced.

In the habit, not naturally disposed to an affection of the mouth, the preceding costiveness, the slight fœtor of the breath, the sudden emaciation, languor, and pro-

stration of strength, &c. coming on after a considerable accumulation has been made, seem equally decisive, with the more evident effects of the medicine just pointed out, and as such may be relied upon.

The above method under confinement to effect a cure, takes up from fourteen to twenty one, or more days. The alterative, four, five, six weeks, and when the medicine operates with some degree of sluggishness, the time of cure may be two months.

The same species of chancre when more advanced; the date from infection from three to six weeks, but still without inflammation or increased secretion of sebaceous matter. (Vide vol. I. p. 30.) The cure of this stage will be best performed under confinement, because the disease is at this period making hasty strides towards the natural time of an eruption: and if the medicine is not introduced, so as to anticipate this last symptom, the disease will be vastly more difficult of cure afterwards. In an alterative course, it frequently happens, that though the power of the medicine

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dicine seems to keep off the eruption, yet the chancre remains at a stand, without healing. If a topic is used to promote the healing, and no further effects are produced from the specific, though it be still continued in considerable quantity, either an eruption, a sore throat, or some other secondary symptom will probably follow. It is, therefore, clear that the great thing wanting, in the alterative course, is a due degree of force in the decisive effects of the remedy. Besides, from the constant irritation the part suffers by exercise, as well as from the slow effects of the medicine, this course does not always prevent the spreading of the sore. And this is another argument in favour of confinement, and that very necessary degree of quietude, which is the certain consequence of it. For these reasons, in the stage of chancre now under consideration, confinement is generally preferable to an alterative course, when it can be used with propriety. And if that is the method pursued, even though the sore be of several weeks standing, and the disease going on

quickly towards an eruption, yet, as the medicine will operate fully, and under the most favourable circumstances, the chancre seldom spreads much, or becomes highly irritable: after enlarging a little, it gets clean, and at length heals, without any supervening affection of the sebaceous glands. Water, even in this case, is the best wash, and a small piece of soft fine lint, the best topic. But, if it should so happen, that more than that should, from the largeness and irritability of the sore, become necessary, *Merc. corros. R. opt. lævig. gr. xx. cum cerat. alb. ʒj.* will make the discharge less acrimonious, by thickening it; and the sore less irritable, without healing it too soon. If the aggregate quantity of the specific is, what it ought to be, a full one, and used under confinement, it may not always be necessary to urge it, till it produces a dysenteric affection. It is, however, in general, much safer to produce all the decisive effects of the medicine.

Alterative method. The application of this kind of course is nearly the same in
this

this as in the preceding stage of chancre. The two stages only differ in date, and in the degree of virulence. And, therefore, the reason there given for the production of the most unequivocal, decisive effects of the medicine will apply, with more propriety, to this stage than to that. And I hold it to be of excellent use when it can be done, to enjoin confinement for a few days towards the close of the course, that these effects may be fairly raised; and that no injury may arise from exposure to inclement weather, irregularities, &c. for this is the time, at which these circumstances may be more particularly dangerous. Every one sees the impropriety of a person, whilst under a course of mercury, under confinement, exposing himself to these inconveniences; and yet nothing is more common than to neglect this kind of care, at this period of an alterative course. It may be said, that habit and the gradual exposure to air, &c. during a cure by this method, fortify the constitution sufficiently against the danger. During the former

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mer part of the course, and to the time at which the decisive effects are beginning to take place, this mode of reasoning may perhaps apply. But two reasons may be given, why, at this particular period, it is certainly inapplicable. In the first place, the inconveniences I have mentioned will disturb the natural operation of the medicine.—In the next, Every constitution appears to be infinitely more susceptible of the bad effects of cold air, &c. at this, than at any other period of the course, because the whole system is at such time, in a weak and languid state, with every pore and every secretion open. In this stage of chancre, it is frequently necessary to urge the medicine in this kind of course, till it causes, not only the other considerable effects of mercury, but the dysenteric affection. When these circumstances are disregarded, the tedious period of two, or perhaps more months, must be waited for, and even with that clog, the same suite of effects will be often required before the cure can be completed.

Chancre

Chancre of nearly the same date with the preceding; but with considerable irritability, increased secretion from the sebaceous glands of the part, and disposition to phymosis. Vide vol. 1 page 32.

The same general means of relief are applicable in this, as in the preceding case, and the proposition must be taken in its fullest extent. As to topics, if they can be avoided, so much the better. By attending, from time to time, to the state of the sore, the practice may be regulated as to the quantity of the medicine necessary, and as to its effects and operation on the disease. But, if the part is kept in motion by exercise, or otherwise irritated, that natural tendency which a late chancre always has to spread will be considerably increased; and the system being at the same time stimulated by the medicine, a phymosis may probably come on. To obviate this, the part should be kept carefully clean, irritation should be quieted by opium, after having lowered the impetus of the circulation by evacuants, and motion should

should be avoided as much as possible; having so done, the weak mercurial ce-
rate, above recommended, may be tried. If it simply thickens the discharge, without increasing the irritability of the parts, it may be continued. But if it irritates too much, or the present subsisting irritation is very great, a lotion *ex calomel. et. aq. rosar.* may be substituted. If this should not agree, a weak solution of the *lotio antiseptic.* of Saint Bartholomew's hospital may be had recourse to. The latter is a very powerful sedative, but it is also an astringent, and as such apt to leave a hardness on the part. For which reason the mercurial is perhaps preferable.

It would be fortunate for the credit of the alterative method if this plan, or indeed any other similar one, was generally effectual in obviating phymosis.

In this state of the disease, the most trifling irritation on the part from exercise, riding or intemperance, will frequently render these, (and I firmly believe every other means conducted under the
pre-

prevalent idea of an alterative course, particularly where a natural tendency to phymosis prevails,) abortive. Rest, absolute unequivocal rest, with every collateral assistance that can possibly be had, from quieting the local and general irritation, must be joined to the immediate, and most decisive effects from the remedy. If this is not done, the disease will either continue to make its ravages without a sufficient check, or, if the applications used locally, act powerfully, other symptoms, and in particular those of the secondary kind, will come on; and the parts quieted will continue in an unnatural, callous, diseased state. To prevent these disagreeable circumstances, rest must be procured by keeping the parts from motion under strict confinement; the other means for quieting irritation must be also used, and the operation of the remedy should be complete in all its parts, and urged to the production of every essential requisite.

If the favourable time for obviating phymosis is neglected, or if the means employed

employed to prevent this symptom fail of producing the desired effect, then, to the methods recommended above, there must be joined a more particular local treatment; for, on the latter much will depend. The prepuce has, we will suppose, inflamed throughout, and no longer suffers the glans to be denuded, the discharge from the chancre, which is now highly irritable, from the contraction of the orifice of the prepuce lodges; there is an excoriation of the sebaceous glands on the surface of the balanus, and from the prepuce being internally in the same state, a thin, and very acrimonious secretion takes place, which adds very considerably to the irritation. The discharge from confinement, becomes every moment more and more stimulating; and unless the progress of the symptoms are checked, the prepuce sloughs at the upper part, and the glans, after suffering from the spreading of the chancres, makes its way through the aperture, formed by this sloughing.

It

It sometimes is, sometimes not practicable to prevent this train of symptoms —when the prepuce will no longer suffer the glans to be denuded, and the parts are not yet in so highly irritable a state, as to be too tender to bear the use of frequent injections of warm water and other fluids between the glans and prepuce, *Injeēt. ex calomel. vel mercur. panacea alb. cum vel sine mucilag. gum Arab.* or *Lotio antisept.* diluted, may be employed. Opium must be used, guarding the patient at the same time from costiveness, and the specific introduced boldly, and in full doses. In some cases the impetus of the circulation must be previously lowered. These means, if used sufficiently early, will probably save the prepuce, and prevent much injury to the glans. But, as I have elsewhere hinted, under circumstances like these, salivation (taking the term in its common acceptation) is frequently a subordinate consideration, and must, at all events, be risked. For it may happen, that nothing but the coming on of a painful affection of the

mouth will put a stop to the rapid progress of irritation on the glans and prepuce. The affection of the mouth seems in this case, to act in a twofold way, by correcting the virulence of the disease, on which the local irritation of the chancre depends; and by the revulsion, a new irritation, raised in a different part of the system, makes from the original one.

If the prepuce sloughs, the parts should be kept clean, by washing them with warm water, and with one or other of the above mercurial lotions, and afterwards dressed, *Cerat. mercur. corros. rub.* If, during the separation of the parts, a considerable hæmorrhage should ensue, it may be checked by astringent sedatives locally; and the *cortex* given internally; but a slight bleeding will be salutary, and help to take off distention. During the inflammatory stage of a phymosis I would rely on opium, and the above means, rather than the *cortex*; but when the parts, from irritation or over-distention, have actually sloughed, the latter may be given in full doses. The sores, those I
mean

mean which are unavoidably the consequence of the sloughing, as well as the original chancres, are venereal, and, as such, require both a general and a local application of mercury. As an immediate dressing, a poultice of boiled carrots, or of *farina lini*, will be found a very useful one, more especially if the parts ulcerated are at every dressing washed with one or other of the above-mentioned mercurial lotions*.

The irritable, livid, spreading, moist kind of chancre. Vide p. 39. Vol. I.

What there may be in this species of chancre to render it so peculiarly different from the other is difficult to say.

With respect to topics, which its great irritability, and the uncommon acrimony of the discharge seem to require, they are, for the most part, indispensably necessary. But if that happy medium can be found, of quieting the local irritation, whether it be done by opium, or other

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means,

* Or the sores may be dressed with lint, moistened with these lotions, and the part afterwards covered with a pledget of cerate.

means, without the application, from its astringency, specific, or sedative power, healing the sore prematurely; a very great point will be gained. With regard to the general operation of the medicine, the quantity should be a full one, and as great as in the more advanced state of an apthous chancre; and its effects should be in every particular complete. From the uncommon rapidity and virulence of this symptom this conduct appears to me necessary, even when no topic has been employed. But when sedatives have been used, it becomes infinitely more worthy of attention. And, in this case, I am of opinion, that nothing short of a large accumulation under strict confinement, and of the unequivocal production of the decisive external, as well as internal, general effects from mercury, will cure. A large accumulation, with only a slight affection of the mouth, without dysenteric affection, even under six weeks confinement, I know, in one case, did not cure: the sore, indeed, healed, but an ulceration of one of the tonsils came on two months

months afterwards; and this happened, though the topic employed was nothing more than the *cerat. rub. mercur.* and so slightly impregnated with mercury, that it seemed to act in a very gradual manner, and more as a digestive than as a sedative.

It is sometimes absolutely necessary to employ the *Lotio antisept. Lotio ex calomel, &c.* merely to diminish the great irritability of the sore, and prevent phymosis; but whenever this is done, I am of opinion, that the general effects of the medicine should not only be such as I have just described, but that, in the attempt to bring on the decisive internal effects of mercury, even salivation may, (after a sufficient accumulation of the medicine), with propriety be risked. To speak the truth, relapses would probably be less frequent than they are, if the operation of the remedy was, generally, carried to this point. The most proper time in every mercurial course for the employment of a powerful topic to chancre seems to be only during the three or four days at the close of the course, when the me-

dicine is quickly producing its antivenereal effects. In every case where this period can with safety be waited for, it should, perhaps, be done. But when, from the havock likely to ensue immediately, in consequence of the irritable state of a chancre, or chancrous excoriation (as a less evil must ever give way to a greater) the use of sedatives is warrantable. But whenever they are used, the operation of the specific should be in every respect perfect, for its partial effects are not to be depended upon; and it has appeared to me, a point of the utmost consequence, to confine the use of topics, whenever it can be done, to the period above-mentioned, that the effects of the application, and the general operation of the specific, may take place, nearly at the same time, which should be on the second, third, or fourth day from the commencement of the decisive, general, effects of the medicine,

Cure of Bubo. [The management of this symptom must be regulated by its different states. In its most early state the induration is trifling, barely tender to the touch, and the inflammation only beginning. In the second, both the tenderness and induration are considerably increased, and the inflammation proceeding fast to the third stage, or that of suppuration. In the fourth, an opening having been made, either by art or nature, the matter is thereby discharged, and there remains an external sore, with a diseased vuide, or cavity.

In the first of these states, by leaving the original symptom (the chancre) under that discharge which naturally belongs to it, and interposing a cooling purgative now and then, during the introduction of mercury, a part of which may be rubbed in, below the diseased gland, it may very frequently be prevented from increasing. And as the medicine operates

rates on the chancre, so will it act on the induration—violent exercise, drinking, and whatever tends to increase the circulation, should be avoided, and in some cases an antiphlogistic regimen enjoined. The cure may be conducted either in the alterative method, or under confinement; the latter is generally preferable, because local irritation can be sufficiently guarded against; and because the medicine, by producing its effects within a short space of time, will, probably with more certainty, anticipate suppuration in this method than in the alterative. If the habit will bear *Calomel. mercur. calc.* or the *solution. sublim.* the copious secretion these will produce from the glands of the intestines, will tend to unload the lymphatic system universally, and make a powerful revulsion from the inflamed part, and in many cases very properly supply the place of frictions and antiphlogistic purgatives. The date of the bubo, if that is the only symptom, or of the chancre, if it is not, must regulate the quantity and effects of the medicine.

That

That inflammation which attends the formation of a bubo, may generally be removed as certainly by the decisive operation of mercury, as the spreading and irritability of a common chancre, probably because the inflammation is immediately dependent on venereal infection. When a lymphatic gland has been once indurated, and the disease cured by the specific, it is generally requisite to keep the system cool, and the belly open for some time, to prevent a second enlargement. And this is more particularly necessary after a cure has been effected by frictions.

In the second state of a bubo, the inflammation and enlargement of the gland are, I will suppose, considerable. In this kind of case it is often a question, whether, when all other circumstances are equal, it is best to use mercury under confinement, or in the alterative way. In favour of the first, it may be said, that when the proper effects are produced, the medicine will frequently anticipate suppuration, and if it does not, it will
diminish

diminish the enlargement so much, that the future collection of matter will rather deserve the name of a boil than a bubo: This is sometimes true. But it more frequently happens, that after a full and fair introduction of the specific under confinement, the gland, though it ceases to be inflamed, remains more or less indurated ; for some time it shews no tendency to suppurate, but when, after a discontinuance of the medicine, the patient takes to his former habits of living, and uses exercise, then the gland increases, and inflames a second time, and finally proceeds to suppuration. So that, after the usual length of time spent under confinement, a new course must be commenced, and the management of a suppurated bubo attended to. Besides this accident in this state of a bubo, there is another which sometimes arises in the method of cure under confinement. If a sore mouth comes on unexpectedly and prematurely, during the cure of a chancre, the first effect of the accident is to lessen the discharge from the sore, which
 imme-

immediately puts on the appearance of healing; this may happen when the operation of the medicine is much too partial, and long before the disease is cured, and may give rise to a bubo. From every chancre there runs a lymphatic vessel towards the nearest lymphatic gland, which vessel is the channel by which the poison is conveyed from the part infected, first to this gland, and thence into the system; when the medicine operates fully and fairly, the absorbent acts so powerfully, that the venereal matter it is constantly taking up, till the sore is healed, passes through the gland, without delay, and into the blood; with which it is mixed, and ultimately changed by the putrefactive process then going on in the system. But if, from the too partial operation of the medicine the absorbent acts too weakly, the matter may be stopped in the nearest lymphatic gland; it there remains quiet for a short time, but at length inflammation comes on, and the tumor suppurates. I am in some doubt, whether venereal matter thus deposited in a lymphatic

phatic

phatic gland, can be removed with safety, without bringing that gland to suppuration.—I rather think it cannot.

For the above reasons, when a bubo is in the state I am now supposing, and not too much inflamed, if the spreading of the chancre, or its irritability do not require absolute rest; or if there is no other particular circumstance to render an alterative course improper, I am of opinion, that a cure will be best conducted under it. Exercise, the way in which the patient will probably live, if he does not confine himself, and the stimulus of the medicine, which will be introduced gradually and by moderate doses, will co-operate in bringing on a gradual suppuration, and a cure, within the usual period of an alterative course.

When suppuration has taken place fully, and the integuments are become thin, the matter may be discharged by a small puncture with a lancet; or by rubbing the skin with a piece of good *Lapis Infernalis* till it has produced a small eschar,

not larger than a silver penny*. If the caustic is used, the eschar must be immediately divided, and the matter discharged. I believe, that the method of leaving the eschar to slough out, without making an early division, has a tendency to produce a re-absorption of matter into the neighbouring lymphatic glands, and to enlarge them. The abscess may sometimes be suffered to break of itself.

When an opening has been once made by art, or nature, nothing of the irritating kind must be applied, either to the sore or its immediate vicinity. There must be no poking after what are called sinuses, but irritation must be kept off; and the best dressing will be a soft poultice *ex farina lini*. Under this gentle treatment,

* This method of opening buboes I had, many years ago, from the late Mr. Spray, who had been in the habit of using it ever since the year 1747. He frequently opened abscesses in the same manner, and sometimes destroyed small encysted and scirrhus tumours, by rubbing them for a few minutes with the above caustic.—And it was to that gentleman that I owed the hint of using it to the scrotum and tunica vaginalis for the radical cure of the hydrocele.

treatment; if the specific is at the same time introduced properly into the habit, the parts which were before in a diseased, indurated, painful state, will subside, they will daily become less tender, and the vuide, or cavity, however large, will, by degrees, fill up, and contract itself. That such has been the event from this mode of treatment, I have very frequently experienced, and, I apprehend, that the prevention of a phagadenic sore, which so often follows a bubo, depends, in a great measure, upon the smallness of the opening, and quantity of skin preserved; which, as it is the most natural, so is it, I believe, the best defence against irritation, and the best possible covering to the diseased cavity. Large dilatation, taking away a considerable portion of skin, either by excision or caustic, have ever appeared to me, not only useless, but detrimental, by making the sore highly irritable, which, under better and more gentle treatment, would never become so.

When

When the cavity is in a manner obliterated, and healed up, there will be sometimes a difficulty in uniting a small portion of skin to the surface immediately under it. If the two surfaces are irritated with a probe, so as to cause the effusion of a few drops of blood, and assisted by pressure, a union may generally be effected. This want of union is most likely to happen when a bubo has been suffered to break of itself.

Treatment of a bubo after suppuration, when attended with considerable irritation. This subject would, perhaps, come more properly under the head of secondary symptoms than under this. But, as it is generally the consequence of mismanaging a bubo, after suppuration, I must consider it in this place.

This state of bubo is most likely to arise in an alterative course, from the constant irritation of riding or walking, from the local application of stimulants, or from the disease still lurking in the habit. It may also arise from improper rough treatment under confinement. The effect

effect of these causes will be to produce a hard, crude, painful sore, which, though it may be said to contract itself daily, and to put on somewhat of the natural appearance of a healing sore, yet it either does not heal at all, or does not shew a tendency to heal, in a kindly manner. A soft poultice is here the best dressing. Opium may be given internally, and if the disease is not cured, frictions may be performed, both on the opposite thigh, and below the sore of that which is affected, if these have been used in the alterative way and fail, confinement, absolute rest, either with or without more powerful effects from the specific, as circumstances may direct, must be enjoined, having always a reference to the immediate producing cause.

Sometimes, in consequence of venereal mischief, the lymphatic glands, after suppuration, and the discharge of the contents of the abscess, remain in so diseased a state, that they must gradually subside, or melt down before the sore can be brought into a healing state. By
avoiding

avoiding irritation of every kind, and trusting principally to the general effects of the medicine, what was diseased will by degrees digest off, the cavity will contract, granulate, and, at length, heal. The melting down I here mean, is a kind of secondary suppuration, which sometimes takes place in these glands, and seems analogous to the dissolution of the cellular membrane produced in an abscess, when that membrane sloughs: and therefore must be distinguished from what is, strictly speaking, phagedenic. It is frequently met with after the aperition of buboes in the alterative method, when the quantity of mercury, and its effects on the system, have been trifling; and it requires nothing but an easy dressing, rest, and the specific continued sufficiently long, to effect a cure.

The true phagedenic bubo differs very much from the preceding, and most frequently arises in a later infection: in which, besides a great irritability of habit, acquired partly from disease, and partly from the effects of the remedy too

forcibly urged, or too long continued, the usual tenderness and irritability of the fore are greatly increased.

In page 68, *Treatise on Mercury*, 1782, I noted that, from the effects of mercury, when urged too far, besides a permanent degree of weakness, to a very considerable degree of general irritability, was often joined a partial one. That a phagedenic appearance from mercury would in consequence sometimes arise, behind the posterior *dentes molares*, which appearance would spread towards the uvula. If, under the same circumstances of irritability, there should be a venereal ulceration on the tonsils, which, at one period of the course, had looked well, that that ulceration also might become phagedenic. That a venereal bubo, from the same causes, might get into the same state, the fore becoming exquisitely painful, and highly irritable, spreading from corner to corner at a great rate, eating away and undermining the surrounding skin irregularly, so as to produce an ill-looking ulceration, with ragged,

ged, callous, fiery edges. It was said that these appearances were sometimes the mere effect of mercury, but that they were also producible by the existence of a latent venereal taint, as it were roused up, but not eradicated by the stimulating power of the medicine.

It naturally follows from this account of a phagedenic sore, after the opening of a bubo, that the cure must be two-fold—that in the case arising from the mere irritation of mercury, when it has been urged too far, or used while the patient was not in a proper state to receive it, the whole treatment must depend on quieting general and local irritability. To answer the first of these intentions, a mild, bland diet, chiefly consisting of such substances as afford good nourishment without heating the system, milk, country air, sarsaparilla, and, in some particular cases, in which the debility is great, bark, taken either in substance, decoction or cold infusion (as circumstances may direct) will be proper. Rest must be procured by opium, and it is

evident from the late very useful experiments of Mr. Grant, that this medicine may be given in this kind of case in a much larger quantity than has been customary. In short it may sometimes be given almost as freely in this species of irritability, as in that which attends the mortification of the toes and feet described by Mr. Pott. The irritability of the part may also be quieted by the external application of a solution of opium in water *. All greasy applica-
tions

* I have sometimes found the external application of opium of use in painful sores of every kind, and particularly in the present case; but if it be considered that the quantity of opium, absorbed from a sore, is not only in proportion to the strength of the solution used, but that the extent of surface of that sore, to say nothing of the disposition to absorption, which the absorbents of the part may at one time, perhaps, have more than at another, it will be evident that not only the proper dose at each dressing, but the propriety of continuing that dose for a length of time, must be a matter of some consequence, requiring a very minute attention. The same may be said respecting the internal use of this medicine. If there is an irritability which more particularly requires its assistance at one time, or in one disease more than in another, there is also a period, in most cases,

tions seem to do hurt: I have found the best dressing to be a poultice of boiled carrots, either used alone, or with a small portion of *farina lini* to give it consistence. The effect of boiled carrots in procuring ease, in lessening the quantity, and in ameliorating the quality of the discharge, from a gleetings painful sore is very great. It is perhaps the mildest of all digestives; it immediately alters the discharge, which, from being large, thin, and acrimonious, soon becomes thick, well conditioned, and small in quantity. It will have similar good effects, even in cases truly cance-

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cases, at which that irritability ceases. In the present complaint, strength generally succeeds to great irritability; and whenever that happens, after the constitution has been for a time habituated to this medicine, no injury may perhaps follow from its continuance in full doses; but when great weakness prevails, the power of habit in some measure loses its influence, and that of the medicine, in the dose originally employed, returns. In such a case, if opium is employed at all, it should be, I apprehend, in the smallest, and by no means in the accustomed doses. Debility is itself a disease, often requiring a stimulus rather than a sedative; and opium is a sedative of the most powerful kind.

rous. Its power is so extensive, that it might be applied to all irritable fores universally, with great advantage. It is not only a diminisher of local irritability, but a powerful antiseptic, and will in all cases lessen, and in some take off entirely the usual fœtor of mortifications.

I have observed a very considerable difference in the effects of the boiled, and the raw root. The latter is somewhat stimulating; in cases where sloughs or mortified parts must separate, and where the local irritation is not very great, it will not only take off, or diminish the fœtor, but will cause a speedy separation of the diseased from the sound parts; that done, it ceases, in my opinion, to be of use, and the boiled root may be substituted.

Besides the above means in phagadenic bubo, it will sometimes be of use to wash the sore with a lotion *ex aq. rosar. & calomel. vel mercur. panacea alb.* also *aq. calc. cum calomel.* &c.

When a bubo becomes phagadenic, and the disease is not cured, the case is
much

much more complex than the former, and more difficult of cure. The best method seems to be to correct the habit and state of the sore in the first instance by the means laid down for the preceding case. After which, small doses of mercury may be gradually applied to the habit—slight frictions; or *Mercur. calc.* in small doses, *per se*, or with *sulph. aurat. ant. calomel.* given in the same manner, or *Solut. sublim.* &c. may be employed, either singly or variously combined according to circumstances, and the cure be afterwards compleated in the usual way. If the *Lues Venerea* is making its ravages in other parts of the system, as well as in one of the groins, and those ravages are likely to be of serious consequence, in that case, a mercurial ameliorant may be joined with the means recommended for taking off irritability, from the beginning. Either of the above mercurials will answer this intention, and when the vice of constitution has been by these means sufficiently mended, the specific may afterwards be more forcibly introduced

duced for the perfect eradication of the disease.

Having in p.30. vol. I. sufficiently described another very irritable species of sore arising from a bubo, in which the lymphatic glands remain hard, or otherwise diseased, and considered it, as a consequence of mismanagement. I must, in this place, mention what appears to me the most probable means of prevention, and of curing it, when it has actually taken place. With respect to prevention, that will depend upon the care taken to avoid, as much as possible, irritation of every kind, whether applied to the part or to the system. The habit of the patient, the method of employing mercury for his cure, the effect of that medicine on the constitution, and, in short, the whole treatment of the bubo, from simple enlargement to suppuration, and from apertion to the filling up of the cavity, are all to be attended to, and the case conducted, according to the gentle method I have laid down. If that is followed, I believe a phagedenic
sore

fore would very seldom, and one of the kind I am now considering, never happen.

If, however, a case of this kind has taken place, the diseased glands within the cavity of the abscess will be simply in a state of irritation, and enlarged, or else one, or more of them, having passed this stage, will have suffered a sloughing of their external coats or coverings, the body of each gland sprouting up in the form of an almost insensible fungus, with a surrounding sore, highly irritable and painful.

In the first of these two states, all the means recommended for the cure of a phagedenic bubo, dependent simply on local and general irritation, must be applied. By these the tumified parts will subside, the coats of such glands as still remain entire, will granulate, the whole sore will contract, and finally heal. I mean, if the disease be cured by the specific. And if it is not, the treatment must be a mixed one. But irritation must

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at all events, be quieted in the first instance.

If the coat of a gland sloughs, there being nothing now left to limit the expansion of its spongy body, the latter shoots out into the form of a fungus, which is very little sensible, though the enlarged gland, whilst its covering remained entire, was perhaps exquisitely so.

The methods recommended for the extirpation of the fungus are the knife, ligature, or caustic. Of these, the latter appears to me most unexceptionable, provided the application used be a proper one; and the surrounding very irritable parts are carefully defended with lint, whilst the fungus is touched with the caustic.

The caustic employed in this case should be of a particular kind. The *lapis infernalis* will irritate too much, and, in spite of the care taken to guard the neighbouring parts from its action, they will, perhaps, suffer. The lunar caustic, not only irritates too much, but it does not act with sufficient power.

Besides,

Besides, the application employed (as was before observed) should be of a particular kind. It should, if possible, have one property which neither of the others possess. It should be capable of effecting the destruction of the part diseased, with the least possible degree of pain, and, if it could be done, of acting principally by its sedative power. Many years ago, I had a boy under my care for a large lax, fungous kind of excrescence on his chin, which I mortified by the application of a concentrated solution of *sacchar. saturni* in water, and I had no further trouble with it. The part acted upon by the sedative separated, and the sore healed very kindly. From this instance, it is plain, that, though in a diluted state, this medicine is an astringent sedative, yet, when concentrated or crude, it is a kind of caustic. From such an application I should expect a great deal, it might be used with bread, without oil or animal fat, in the form of a poultice. The parts which are the most sensible it could not injure.

Those

Those which are diseased, in a manner insensible, and almost out of the laws of circulation, by its sedative power, it would shrink and mortify.

Nor is this the only medicine which is applicable to the present case. It is well known, that *pulv. sabin.* is very commonly used for the destruction of verrucæ. What are the effects it produces? On the surrounding sound parts it causes slight excoriation rather than ulceration, on the excrescences themselves it acts more powerfully, causing them to moulder away. There is a something in the sound parts which keeps them from loss of substance; there is a want of *vis vitæ*, a sponginess, or a something in the verrucæ, which makes this medicine cause the complete destruction of them, without doing the like injury to the surrounding parts, though these are both sensible and irritable. And what is extraordinary, these effects it produces with very little pain, and the parts irritated remain cool, and generally without inflammation.

What has been said respecting the properties of the above medicines will apply in some measure to the vitriol cæruleum. It has been for ages in use, as a means of destroying the fungus arising in sores of all kinds. In its crude state, it is a light caustic, from the intensity of its astringent and sedative properties. In a weak solution with water, it is a very gentle and powerful astringent sedative, it represses profuse discharges of all kinds, even when they arise from the cavities of joints; it is antiseptic; and a diminisher of irritability, not only when used externally, but when employed internally; it has none of the deleterious qualities of lead, and therefore may be applied with perfect safety for the destruction of the fungus above described; and I should hope, in preference to every other method.

How far either of these applications may be used with propriety to some cancerous sores, which do not admit of extirpation by the knife, may be perhaps worth an enquiry.

Venercal Eruption. (page 46. vol. I.)
 Fortunately for the cure of this symptom topics are of no avail, and therefore the general effects of the medicine alone, are to be relied on.

As the disease has now gained its acmè, and shewed itself by pustules on one surface, namely, the skin, between which and other surfaces, namely the tonsils and periosteum, &c. there is an evident consent, the transition of infection from one to the other being extremely easy. And, as at this period, the living power itself seems to be universally diseased, from the disposition to metastasis which now prevails, so it will be more particularly necessary, that the operation of the specific should be in every respect perfect; the practitioner neither trusting *solely* to the largest quantity, nor to any effects of the medicine, when unsupported by a proper accumulation. When idiosyncrasy does not render an alterative course more eligible than the method under confinement, the latter will be generally preferable. In both methods

methods the accumulation of the medicine must be a large one, and its general effects proportionably great. In both, towards the latter part of the course, the external as well as internal changes, so often mentioned, should be raised, where it can be done with safety. In the alterative method these may be made to take place without salivation, but, under confinement (when idiosyncrasy does not resist) after about one half of the medicine generally found necessary to cure a secondary symptom, has been fairly introduced, an increased secretion of saliva, and affection of the whole mouth, are rather to be aimed at than avoided. Whether it be that the increased flow of saliva, by cleansing the lymphatic system (which not only receives, but probably retains the seeds of infection throughout the whole progress of the disease) more completely than any other secretion, I will not say; but the truth undoubtedly is, that a cure, not only takes place with most certainty after a sufficient accumulation, when the mouth is fully affected;

but

but the deleterious effects of the medicine subside the sooner, in consequence of this affection.

How far the warm bath, sudorifics, or purgatives may be necessary to take off the stimulating effects of mercury, when salivation is wanting or defective, is a new question. And though I cannot allow a determination of the circulation to the other emunctories, to add any thing to the antivenereal effect of mercury, only is as far as such determination, may increase the general accumulation during the progress of a cure; yet both sweating and purging in proportion as they evacuate from the lymphatic system, may, perhaps, tend to lessen the stimulating effects of this medicine, after such course has been completed. But, I believe, that the increased secretion from the glands of the mouth, as it seems to be the most natural, so is it probably the most effectual way of fulfilling this intention. What has been said on the general operation of mercury in the former part of this volume, tends to prove that, in ordinary

nary salivation, a just balance must be preserved between the stimulating, the putrefactive, and evacuant effects of the medicine. If this, in the vast variety of cases to be met with, could generally be done, there would be little doubt, but that in a symptom, like the present, ordinary salivation would be preferable to every other method. But the fact is, that salivation, even under the most careful treatment, cannot always be kept within proper bounds.—It has, therefore, been my aim, to give to the course under confinement, I have ventured to recommend, the inactivity, the rest, and exclusion from the external atmosphere, of ordinary salivation, to give it also what the latter is too often defective in, namely, a full and fair accumulation; and having so done, to produce the very important putrefactive and evacuant effects of the medicine. A method, as I conceive, more within the controul of every one than ordinary salivation, *more easily graduated to the cure of every symptom*, and, I should hope, generally speaking,

ing, more certain in its operation. Experience obliges me to add, that, in the application of this method to a venereal eruption, not only the stimulating and putrefactive effects, but fair and unequivocal salivation should be produced. I mean in all those cases in which idiosyncrasy does not otherwise determine the matter. Besides the immense advantage which this secretion is of, as an evacuant, and natural means of taking off the stimulating effects of the medicine; I must observe, that when an eruption has once appeared, the disposition to metastasis prevails universally over the whole system; and if the operation of the medicine is incomplete, or partial, not only an affection of the periosteum, but an ozæna, or total deprivation of sight, &c. may be the consequences.

Nor are the effects of mercury, when salivation is suppressed, to be treated lightly. In the third volume of the London Medical Observations there is a very useful paper on this subject by the late Dr. Silvester. The case of the Girl
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in whose stomach so great a degree of irritability was produced by the sudden check put to salivation, that this organ could retain neither fluids nor medicines of any kind, for some months, is a very remarkable one. It was cured by reproducing this increased secretion. I have lately seen a vomiting and similar irritability brought on by exposure to cold, during the use of Plummer's pill, though the patient had only taken it for a few days, and in the smallest doses; which symptoms ceased upon the coming on of a plentiful salivation. And it is the only instance I have met with of this effect from this preparation of mercury. These symptoms were occasioned by getting out of bed in a cold night and checking perspiration. I suspect that not only great irritability of habit, ending in hectic, but many of our palsies are also to be attributed to the suppression of this secretion. I knew two instances, one was in salivation, the other in an alterative course, in which the application of cold produced palsy, but the patients recovered.

With respect to the method above recommended, and its application to a venereal eruption; the time of cure will greatly depend on the effects of the medicine, as well as on the obstinacy of the disease. The sooner the affection of the mouth comes on, the shorter will this time be; the nearer it will approach to ordinary salivation, and of course the less will be the quantity of mercury employed. On the other hand, when a week, a fortnight, or more are spent, before the mouth becomes touched from the accumulation of the medicine, the longer will the time of treatment be, and the nearer will the method come, to that described under the name of alterative; but be the accumulation early or late, little or much, we apprehend that, in many cases, security cannot be given to the patient, without the production of the most clear and decisive effects from the medicine; nor when salivation unavoidably comes on, as one of them, without that affection, being considerable. The fœtor should be great, the parts
within

within the mouth should be here and there superficially floughed, the cheeks and lips somewhat tumid; the salivary glands secreting plentifully till the mouth is with overflowing full; and in proportion to these external marks, so will the general effect of the medicine be internally, in producing that species of attenuation or putrefaction *sui generis*, which universally prevails in every course in which a cure is effected, whether by salivation, as it is commonly called, by the method above recommended, or by an alterative one. And if the two former of these methods are preferable to the latter, in which they certainly are in most of the worst cases of the disease, it is because the operation of the medicine is more complete and less partial in them than in the alterative.

When I say so much, let me not be misunderstood: I mean only to call the reader's attention to the fact, that the antivenereal power of such effects as these under confinement, when they follow a sufficiently large accumulation, is too

striking, and too well known to need a comment.

Under the general name of salivation, they have been uniformly produced, from the days of Baren-gareus Carpus to the present time, and employed as means of cure in the very worst cases, by a prodigious number of the most able practitioners throughout Europe, by Vigo, Fallopius, Sydenham, Boerhaave, Astruc, and a great many other respectable characters. And they are the effects which many of the first physicians and surgeons in this, as well as some other countries, are still obliged to have recourse to. If a less, and more partial operation from mercury will suffice, why do the gentlemen who have the conduct of venereal patients in the great hospitals of this town, still find themselves under the necessity of producing these effects? The reason is plain. Experience, that great touchstone of truth, every day shews them in a great variety of instances, that nothing short of these effects can be depended

pended upon, for the cure of the worst and more advanced stages of the disease.

With respect to the internal changes of which salivation is the general type, enough has been elsewhere said, to shew that these, whether the secretion of saliva be slight or considerable, are indispensable, and should be always produced, when the intention is to conquer an obstinate, or late symptom. Having very fully shewn the connection between this secretion and those internal changes, I need not enlarge further on this head; but shall only observe, that the effects of the medicine, and secretion of saliva, be they little or much, should be suffered to go off spontaneously; and, in my opinion, should not be checked, either by purging, exposure to air, or other means. It was a rule with Dr. Sydenham to give *mercur. dulc.* once a week for some months, upon the patient's going out and taking to his former habits, after the cure of a confirmed *Lues*. I do not know precisely, whether this may not be sometimes necessary. In some of the

worst cases, however, I have trusted to the above general effects of the medicine alone, without any after-treatment, neither using the saline preparations of mercury, nor sarsaparilla. A subsequent mercurial course, as it must be conducted in the alterative way, may be hurtful to the constitution, and unless it affects the mouth a second time, its effects, as an antivenereal, have generally appeared to me doubtful; and I believe, if the more efficacious original process be properly conducted, that this will be very seldom necessary. If, however, the further use of mercury should, from the particular obstinacy of any one symptom, be thought advisable, the solution, or *Ward's drop*, may be given, largely diluted, either alone or joined with sarsaparilla. After the cure of a venereal eruption, or venereal sore throat, perhaps this last medicine may be particularly useful in obviating a nodous affection. In an alterative method of cure, if any one or more pustules continue on the skin, notwithstanding the free use of mercury, the latter should

should be generally employed, not only till such pustules produce pits, as in the natural small pox, but till the parts pitted become nearly of the same colour as the skin. Under confinement, when the effects of the specific are complete, the pitting should be evident, but it is not necessary, that the medicine should be urged till the parts recover their natural colour.

Neglected Chancre. (Vide Vol. I. page 67.)

The irritability, hardness, size, and date of this symptom must in some measure determine the quantity and effects of the medicine, as well as the method of cure. The course under confinement, recommended for the second stage of a recent chancre, and the alterative, which was also applied to that period of the disease, will often effect a cure. The former is however preferable. If either of these methods fail, the medicine must be urged to the point mentioned in the treatment of a recent venereal eruption; for the callosity must be dissolved, if possible

possible, by the general operation of the specific alone. To assist which it may however be sometimes advisable to apply a mercurial to the part—*Hydrarg. axung. porcin. extinct.* is a good medicine for this purpose, or the vapour of mercury may be used, detached by means of heat from sulphur. Astringent sedatives will be hurtful, but if the whole of the hardness can be safely destroyed (after waiting for the general effects of the specific) by cathæretics, they will be sometimes useful: *Mercur. corros. rub.* or *caustic. lunar.* will answer this intention, but the first is the best application,

Neglected Bubo. (Vol. I pag. 69.)

The treatment of this symptom may be easily understood from what has been said on the cure of the different states of Bubo, in the foregoing division. And as in the preceding symptom, if milder methods fail, those which are more powerful must be had recourse to. I do not however consider this case as phagedenic, or attended with great irritation; but

but suppose that the continuance and obstinacy of the sore arises principally from the disease having been palliated, but not cured; and therefore the means of relief must be sought for, rather in the general than local operation of mercury. To assist the general application of the remedy, however, it is sometimes necessary to use the *cerat. mercur. R. solut. mitis. caust. lunar. in aq. fontan. &c.* merely as promoters of sound and healthy granulations.

Verruæ.

These excrescences may be easily destroyed with *pulv. sabin. rec. pulveriz.*—Mercury will frequently remove them, not only when the usual effects of it are produced in the system by its general operation; but also when used locally.

There is often no small degree of judgment required to determine when they are to be treated as venereal, and when not. When, as appendages to the disease, they require the general operation of the medicine; and when they
continue

continue in consequence of an injury having been done to the parts on which they appear, after the disease, which originally produced them, is cured. But be they small or large; and they are sometimes of a prodigious size, I can safely say, from experience, that *pulv. sabin.* properly applied, and steadily used, will cause them to moulder away. Having always found that this answered the purpose, without producing either much pain, or irritation on the parts, I say nothing of other means, which have been employed for the same purpose, namely, *Vitriol. carul. ol. vitrioli—aq. diabolica*, or the knife, believing that these can hardly ever be necessary. But these observations are only applicable to the local treatment. When they arise, either alone, as appendages to a smothered pox, or in combination with other symptoms, undoubtedly venereal; the cure of the disease must be effected by general means; and as they are then most frequently late symptoms, they require

quire the most decisive effects from the remedy.

The red, spongy, fungous Verruca.

This may easily be destroyed by a touch or two with the *caustic. lunar.*—and the general treatment should be as in the preceding case.—But in both cases, the local treatment should be deferred to the second, third, or fourth day, from the commencement of the decisive effects of the specific, that there may be a co-operation in the general and topical treatment.

The large irregular Condylomata, of the Anus; by whatever name they may be distinguished, as *cristæ, fici,* &c. generally give way to a full and fair operation from the general remedy. The local treatment (when necessary), stands upon the same basis as that for the foregoing symptoms; and it should be, in my opinion, conducted in the same manner; and the specific employed as for a
recent

recent venereal eruption, compared with which, the latter are late symptoms. And as the other secondary symptoms, mentioned in the second division of the natural history, Vol. I. p. 78, require from the specific no general means of relief, distinct from those recommended for a venereal eruption, I shall run them over briefly, noting, however, certain peculiarities in each, which often demand a mixed, and more complex treatment.

Venereal ulceration of the tonsils.

This should be accurately distinguished from all other affections of the same parts. What has been said, when speaking of this symptom in the preceding volume, will be sufficient, I hope, to enable any one to discriminate it from a common putrid sore-throat. But I am convinced, that these bodies are not only liable, like a venereal bubo, to become phagedenic; in which case, the general treatment must be the same as in that complaint; but from the action of mercury locally and partially on these glands, a sloughiness sometimes takes place,

place, which ends in their total dissolution. This I have seen, where salivation (taking the term in its common acceptation) could not be raised, though the quantity of mercury used was large; and have also seen it in many alterative courses; in which the tendency to salivation has been suppressed.—Great judgment is sometimes required to distinguish this from a venereal sore throat, the true venereal ulceration may be compared to lard or bacon fat; the mercurial affection has the appearance of a common slough. When the ulceration is clearly venereal, and spreading with rapidity towards the uvula, relief must be applied as soon as possible; for if this part is destroyed, an incurable defect in the voice will remain ever after. In such a case, a cinnabar fumigation may be occasionally employed, as an assistant to the general means of cure. But, if from the irritability of the patient's lungs, or his seeming tendency to be hectic, this medicine should be judged not to be perfectly safe, some other mild
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mercurial,

mercurial, in the form of a gargle, may be used. I prefer these to all applications of the astringent sedative kind. But if the ulceration, though venereal, is not spreading with great rapidity, the general means of relief may be the same as for a venereal eruption, and employed without the aid of any topic—till the ulceration heals, and the disease is cured. And the same mode of treatment is applicable to the indurated, horny kind of venereal affection of the tonsils. The common astringent sedatives will be particularly hurtful in this case. The induration will probably give way to the general action of the specific alone, but if it should not, a mercurial topic may be used, under certain restrictions. When the ulceration is spreading at a great rate, the doses of the medicine should be large, and, I am of opinion, that the production of ordinary salivation should, in that case, be risked. Should that take place, the cure must be conducted with the precautions formerly mentioned.

Venereal

Venereal sores of the skin; ulcerations on the posterior part of the œsophagus, and of the tongue or cheeks, are curable, by the same general means as the foregoing, and to these symptoms, mercurial topics are, sometimes, though rarely necessary.

Venereal Ophthalmia.

The first intention towards the removal of this symptom, is to lower the increased circulation in the vessels of the part and of the system, if that be also necessary. Bleeding from the arm will effect the latter; and the application of leeches to the temples, the former: but as a vast deal depends on the speedy removal of the metastasis, which gives rise to this symptom. Cupping between the shoulders will in many cases be preferable to bleeding from the arm, as being more powerfully revulsive; and it may perhaps, in some cases very properly supply the place of leeches. Blistering may follow immediately upon lowering the circulation; and a brisk mercurial, or other purgative be given on

the following morning; and on the subsequent night the patient may rub in. This symptom sometimes appears under an acute, and sometimes under a chronic form. In the former case, a more free use of evacuants is required, than in the latter; but even in this, they are often necessary, both to lessen the local turgescence of the vessels of the eye, and as a security, that the stimulating effects of mercury may act with safety, without increasing the circulation too much. The eye itself should be kept from the light till the inflammation is gone; and the safest way will be to confine the patient in bed, and in total darkness, by covering both eyes. As a topic, tepid water may be applied with a sponge. I am in some doubt, whether *Hydrarg. axung. porcin. ext.* would not be a good application in this case. The blister should be kept open, and the specific daily pushed on, with as much expedition as possible, till a very considerable amendment takes place; the proper accumulation may be afterwards completed

pleated more leisurely, and the effects carried to the point recommended for a venereal eruption. But in this case, as well as in a spreading ulceration of the tonsils, when the defluxion on the eye is considerable, the specific must be introduced in full doses, and the production of salivation risqued. And this conduct will be more particularly necessary, if the ophthalmia is attended either with a partial, or total deprivation of sight; for the progress of this symptom cannot be checked too early; and it may happen, that no quantity, nor any effect of mercury, short of a fair and full affection of the mouth, will answer this purpose.

Venereal Sarcocèle.

This kind of enlargement is generally pyriform. It is curable by the same mercurial process as the preceding symptom. But it has been usual to employ a portion of the ointment to the part itself, or to the spermatic process. The general operation of the specific will however cure, without this local treatment, as I have

seen in many instances. If used prematurely, it may produce a metastasis of the disease to some other part; that part may be the eyes, the periosteum, or the root of the nose. It should therefore be employed rather towards the end of the course, than throughout its whole progress. When a large quantity of the specific has been, for a length of time, used locally, and the tumor has been removed by the joint operation of the general and local treatment, I think, I have sometimes found that the testicle has been left somewhat diminished in its natural size; probably from the stimulus of the medicine having produced a too strong action in the absorbents of the part. Both testicles should be properly suspended by a bag-truss, during the cure. I remember an instance of a man having this symptom on both sides, who was cured within the space of three days, by the coming on of an unexpected salivation, from so small a quantity of mercury as is contained in *Ung. merc. f. ʒj.* and *calomel. gr. ij.*

Rbagades.

Rbagades

The treatment of this symptom must be the same as for a venereal eruption.

Eruption and Nodes

These being synchronous, and for the most part, readily transmutable the one to the other, I shall consider them as having a very close, natural connection.

The treatment of a late venereal eruption should be nearly the same as for the recent one, formerly mentioned. But as the disease, from the length of time it has now subsisted, may reasonably be supposed to have vitiated the lymphatic and other parts of the system more thoroughly than in that: the propriety of employing an after treatment in the alterative way, as the most likely means of obviating a return of the disease, seems to be more evident. When the original process has been properly conducted, I have frequently (as has been already observed) relied upon that alone. And I believe that nothing more is, generally speaking, necessary. Venereal ophthalmiæ,
P 3 nodes,

nodes, ulcerated tonsils, and several other of the most rebellious secondary symptoms, have I cured myself, and seen cured by others, without any subsequent use of mercury, and that when the course has been compleated within three weeks or a month: but as relapses do sometimes happen under the best treatment, particularly in old poxes, when the disease has by time become intimately blended, and, as it were, rooted into the constitution, if there is no circumstance in the habit that renders the further use of mercury unsafe, particularly if the season of the year be also favourable; in that case, small doses of *mercur. calc. solut. sublim.*, *Ward's drop*, or *Pil. plummer.* may be given for a few weeks, *cum decoct. sarsæ.*

The propriery of employing the above treatment must often depend upon the kind of course which has been adopted for the cure of the disease; or which may have taken place through accident. If the patient has been cured by a process approaching nearly to that of ordinary salivation, in which the time of cure has
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been short, and the quantity of medicine used, small; a subsequent alterative course may be more particularly necessary: but when the original process has approached somewhat to the nature of an alterative course, in which the time of cure under confinement has taken up four, five, six or seven weeks; and the quantity of mercury has been large, the decisive effects taking place towards the latter part of it, this kind of practice seems to be much less necessary; because every advantage, in such a course, has been obtained from the long continued stimulus of the medicine, as well as from its putrefactive effects. And it will be still less necessary, if during so long a course the more active saline preparations of mercury have been had recourse to, in aid to frictions. What has been now said will apply to some of the preceding secondary symptoms, as well as to those, the cure of which, I am about to mention. When I lay so great a stress, and place such entire confidence on what I have called the decisive effects of mercury, as to sup-

pose a subsequent alterative course needless, I do not consider them as new discoveries. Some practitioners of the present day may, if they please, doubt whether they should be received as leading principles of practice, or not; but it may be some satisfaction to the reader to be informed, that so far back as the beginning and middle of the sixteenth century, reiterated experience had, even then, gone a great way towards establishing their validity. Vigo cured the disease by making the breath fœtid, and the mouth sore. * But Nicolaus Massa, who was
for

“ Postea æger, ut supra, purgationibus purgatus, ungat
 “ seipsum, & si potest. juncturas post cœnam per tres ho-
 “ ras, & sit ante focum, et cubile sit clausum, & incipiat
 “ à juncturis clavicularum pedum, postea ad genua deve-
 “ niat, deinde cubitòs ungat, postremo juncturas manus,
 “ & si virtus est fortis, & ægritudo magna, unge etiam
 “ juncturas inguinum, ancharam, & spatularum. Postea
 “ juncturæ stupa canapina calida cooperiantur, & ligentur,
 “ & ingrediatur lectum, cooperiaturque coopertoriis,
 “ ut sudet per duss horas; quod si per sudorem nimiam
 “ patiat lassitudinem, detur cyathus unus brodii galli-
 “ næ, vel carnis. Et sic procedere oportet ungendo sin-
 “ gulo vespere usquequo medicus videat exitum mani-
 “ festum materiæ phlegmaticæ ab ore, aut fluxum veni-

“ tria

for many years in great repute at Venice,
and claimed the discovery of the red præ-
cipitate,

“ tris notabilem, vel sudorem, et ultra hoc videat di-
“ minutionem manifestam (si sunt pustulæ) pustularum
“ (& si sunt dolores) dolorum mitigationem (& si aposte-
“ ma) resolutionem ipsorum (& si ulcera) digestionem.
“ mundificationem, incarnationem, & cicatrizationem.
“ Et quoniam sæpissime accidit quod in aliquibus nullus
“ apparet fluxus materiei ab ore, neque aliqua alteratio,
“ sive dolor dentium, neque fluxus ventris, aut aliquod
“ signum evacuationis manifestæ, etsi ægritudo sit mate-
“ rialis quæ sanatur evacuatione, dubitat medicus, nes-
“ ciens se regulare, de quantitate unctionis, et dierum
“ numero, quæ sint sufficientes in cura, ut sanetur æger.
“ Et ego multos annos in hac ambiguitate fui, usquequo
“ cognovi, quod in istis unguendo procedere oportet usque
“ ad aliquam manifestam pustularum, dolorum, aposte-
“ matum, et ulcerum sanationem, et virtutis tolerantiam
“ quod signum est mihi infallibile, & maxime quando ac-
“ cidunt lassitudines quædam syncopales, ultra dicta; &
“ tunc est iudicium quod virtus agit circa materiam, sive
“ humiditatem bonam, in qua humiditate reservatur calor
“ naturalis, & cum hoc apparet, dimitte unctiones, &
“ conforta virtutem cum cibariis bonis, ut sint ova forbi-
“ lia, contusa ex pulpis gallinarum, & caponum, & cum
“ vino aromatico, & aliis bene nutrientibus. Et ita ego
“ multos sanavi, qui ab aliis sæpe inuncti, non fuerunt
“ sanati, eo quia nullam alterationem oris, cum evacu-
“ atione faciebant unctiones, & medentes non cognos-
“ cebant quando perfecta erat eradicatio materiæ, quæ
“ quoniam non fuerunt eradicatæ, iterum morbus deterior
“ priore recidivabat. Sed nunc melius me intelligas, ego
“ procedo

cipitate, the invention of which had
 been attributed to Vigo, enters much
 more fully into this matter. That lassitude,
 or (as he has expressed it) that half
 swooning lassitude, which marked, in
 his cases, the ultimate action of this medicine,
 when no affection of the mouth
 took place, is particularly worthy of attention

“ procedo in istis cum unctiōe usque ad lassitudinem dic-
 “ tam femisyncopalem. Sanavi inter alios unum (qui à
 “ pluribus jam fuerat inunctus, & non sanatus) quem per
 “ triginta septem dies inunxi, & liberatus fuit, & nun-
 “ quam recidivavit, & ab omnibus incurabilis dicebatur,
 “ & sanus adhuc vivit, & multos alios, ut dixi, signumque
 “ fuit mihi ut supra. Quare dico quod non potest dari
 “ certa regula de numero dierum unctiōis, & quantitate,
 “ sed oportet procedere secundum fortitudinem patientis
 “ cum judicio bono existimativo. Sanavi etiam multos
 “ marasmos debiles cum ægritudine magna per plures re-
 “ iterationes unctiōnum, & ungebam per quatuor dies
 “ omni vespere, deinde dimittebam ipsos per hebdoma-
 “ dam quiescere sine unctiōe, sed cum bono regimine, &
 “ postea iterum ungebam per quinque dies vespere secun-
 “ dum eorum virtutes, iterumque dimittebam quiescere,
 “ & sic sanitati restitui sunt. Vidi etiam in aliquo virtu-
 “ tem debilem, & dolores acutissimos indigentes maxima
 “ unctiōe, & feci ungere per quatuor aut quinque dies,
 “ usque quo dolores fuerunt mitigati, postea per mensem
 “ feci ipsum bonis cibariis nutriri & iterum inunxi per
 “ multos dies, & sic sanatus fuit. Tua ergo erit sequen-
 “ dum

tention. I was for many years under the same difficulty and uncertainty as this able practitioner, till repeated observation, in a great number of instances, clearly shewed me the same fact; and I do repeat that this is the precise point, to which we must often carry the effects of the medicine, if we mean to cure the disease.

Node

“ dum ægritudinem, & virtutem cum istis mitius, & for-
 “ tius ungerè, continè, & interpolatim, cave tamen ne
 “ pectoris partes ungas, ut docet Avicenna. Aeger ta-
 “ men cum bonis cibariis semper nutriatur, & cum vino
 “ optimo, non vinoso, sed mediocri, & inter prandium
 “ & cœnam da scutellam brodii, semperque attende vir-
 “ tuti, & ægritudîni, & omnino à ventis, & ab aère fri-
 “ gido patiens abstineat læteturque. Et quando apparet
 “ fluxus humiditatum manifestus ab ore, cum dolore, & in-
 “ flatione gingivarum, & accidentia morbi remittuntur,
 “ ab unctiõibus cessare oportet, & remove stupas coope-
 “ rientes juncturas. Neque levare oportet loca inuncta,
 “ nisi ex nimia resolutione ægro syncope accadat, aut subi-
 “ ta, & magna oris ulceratio præfocativa, vel fluxus ven-
 “ tris cum excoriatione intestinorum, vel aliquod aliud ac-
 “ cidens, quæ si accidunt, remove unguenta, & stupas,
 “ quod si ex toto quæris abscindere virtutem unguentî, ne
 “ ultra procedat, juncturas lavabis, locaque alia, ubi cum
 “ dicto unguento illinitum fuit cum *vino calido simplici*, vel
 “ in quo *chamomelam* ebullire feceris, aut *salviam*. suc-
 “ curreque ad accidentia cum remediis infra scribendis.”

Vide *Aphrodis. Nich, Mass.*

Whether the nodous affection be hard or soft, diffused or circumscribed, the general treatment must be the same as for a late eruption. It has been usual in these as well as in some other cases; to use the specific locally, that the induration or enlargement may be the more effectually dissolved. To this I have no objection, provided the general operation of the medicine is to precede the local application of it, and the two modes of using it are allowed to co-operate during the production of the decisive internal changes: but it has generally happened to me, that the latter alone have been fully sufficient for the cure. The induration which generally occurs in this symptom is, for the most part, owing to a thickened periosteum, and gives way to the usual effects of the medicine; and what is remarkable, even when the subjacent bone seems to have suffered, the same effects will often operate so effectually on the part as to render an external opening and exfoliation unnecessary. But if any one or more bones should become carious,
 the

the cure of the disease is to be in the first instance effected; after which the separation of the caries is to be promoted by a general attention to the habit of the patient, in order that nature may be the better enabled to throw off the diseased from the sound parts. Country air, a well regulated diet, bark, and sarsaparilla will be useful. The cure of this *symptom* by mercury stands on the basis of every other obstinate secondary symptom, and when that has been effected, the medicine ceases to be a specific, and should be discontinued. The efficacy of sarsaparilla in Lues Venerea has, by some medical persons, been doubted. Even Fallopius who strongly recommends it in one part of his works for nodes, in another, seems rather to have used it for the relief of particular symptoms, than for the actual cure of the disease. After describing the root, and shewing its resemblance to the *Smilax Aspera* of Dioscorides, he says: “Imbecillior est certè ligno (meaning guaiacum) habet tamen ipsa nobiles vires, quibus superat guaiacum; et est quod
“ si

“ si post superatum Gallicum restent ul-
 “ cera, Rhagades circa sedem, duplo
 “ citius sanat hæc, quam Lignum Indi-
 “ cum.” He then goes on to describe
 briefly two cases; in one of which
 there were tophi or nodes on the feet,
 and tibiæ, equal in hardness to bone,
 which were, in a short time, dispersed
 by the use of this medicine: in the other
 there were tumours on the head, and gum-
 mata which were removed by the same
 means within ten days, and he adds:
 “ Cum ergo in Gallico adsunt ulcera ad
 “ hoc medicamentum confugio, tanquam
 “ ad certissimum, et tutissimum auxilium;
 “ et si non facit prima diæta, facit sal-
 “ tem secunda vel tertia. Præstans est
 “ guaiacum, tamen ego utor falsa in le-
 “ vibus. Soleo etiam miscere hæc duo
 “ simul.”

It has generally been the custom to
 join this root in the cure of Lues Ve-
 nerea with the specific; and this circum-
 stance has prevented us from speaking
 with certainty, as to its antivenereal
 power. As a matter deserving future en-

quiry, I shall only observe, that the disease, when it affects the periosteum and bones, may possibly be mitigated, if not permanently relieved by the use of this medicine. If it had not been discovered that the colouring juice of *rad. rubia tinct.* would actually make the bones of an animal, who is fed with it, red, it would not have been believed that such a thing were possible. Sarsaparilla is not endowed with the same colouring property, but it is not very unlike it as a root; and it does not follow, because it cannot be demonstrated, that water impregnated with this medicine, circulates through the bones, that therefore it has no effect whatever upon them. I cannot prove it; but I am strongly inclined to believe, that it will be found very useful in this and the other late stages of the disease. It must however be confessed, that neither the ancient nor modern proofs of its efficacy are so satisfactory as might be wished.

But there is another medicine which has, of late years, been too much neglected
the

the power of which is supported by more substantial documents. The medicine I mean is Guaiacum—not to mention the authority of *Boerhaave Nicolaus Massa has left us three very clear and striking instances of its efficacy; and that, in habits by no means favourable to the stimulating effects of this medicine. The cases he describes were of long standing, of the date of many years, and if a tent which was employed in the third case was not the sole cause of keeping the ulceration at the upper part of the trachea arteria open, they were all of them undoubtedly venereal. They are so curious, and the treatment of them was so much less severe than that recommended by some of the writers who have been advocates for the use of Guaiacum

* This writer, speaking of the virtues of Guaiacum, in his preface to the Venetian Collection of Authors, says:
 “Reminiscor lætus, quod juvenem sanaverim jam sanissimum virum et patrem familias, cui diversis corporis locis ossis tabefacta adeo, ut in digito manus articulus unus exciderit, in crure plurima loca cariosa spectarentur. Hac methodo rite exculpta, atque observata, officula narium, fragmenta palati, separata, cætera sincera reliquerunt.”

Guaiacum, that I hope I shall be excused if I give them, without mutilation, in the words of the author*. The
treatise

* *Case I.* "Primumque scribam quæ contigerint strenuo
"Viro Domino Francisco de Placentiis, Civi & Nobili
"Cremensi, qui tum esset temperaturæ calidæ & siccæ;
"ætatis supra triginta annos, vir plurimorum laborum;
"incidit tandem in morbum Gallicum, qui nullis unquam
"auxiliis medicorum tam purgantibus quam alterantibus
"potuit liberari, sed per multos annos infelicem vitam
"ducebat. Nam cum esset ex proprio temperamento cor-
"pus gracile; ex diuturno morbo gracilior factus, me-
"convenit, narravitque plurima, quæ ipsum die noctuque
"molestabant, inter quæ erant dolores in omnibus articu-
"lis, & musculis membrorum, præsertim in parte ante-
"riori capitis: aderant quin etiam tumores duri non so-
"lum in capite, sed in pectore, brachiis, & cruribus, ex
"quibus quidam exulcerati erant; cumque strenuum, &
"nobilem militem audivissem, dixi posse illum ab hoc
"morbo liberari, tametsi diuturnus esset, sed non leni-
"bus illis medicamentis; quibus ipse ab aliis medicis
"exhibitis recte usus fuerat; nam quampluries Viri docti
"illi medela præstiterant, & non semel, sed pluries
"decoctum ligni tradiderunt, atque etiam linimenta ad
"morbum Gallicum administrarunt, neque (ut dixi) li-
"berari potuit, sed in deterius semper malum processit,
"quare, cum corpus universum labefactatum esset,
"præsertim jecur, necessum erat jecur refrigeratum ad
"contraria alterare, & universa membra, referta plurimâ
"materia pituitosa, expurgare, atque etiam ad propri-
"um redigere temperamentum, sicque eum sanitati re-
"stituere;

treatise of Ulrich Hutton, in which he describes his own case, is also deserving

“stituere; verum, cum antea audisset, quod non levibus
 “medicaminibus sanitati restitui posset. sciscitabatur quã-
 “lesnam essent medicinæ quæ illi prodesse possent; re-
 “spondi easdem esse, quas ab aliis medicis jam habuerat,
 “videlicet decoctum ligni Indici, sed in majori quanti-
 “tate, & cum alia victus ratione sumptum; qui tandem
 “post multa promisit se omnia facturum. quare expur-
 “gato prius corpore à communibus excrementis cum levi-
 “bus medicinis, jussi, ut biberet decoctum ligni Indici
 “hoc modo, & quoniam æstas erat, manè hora nona
 “vel decima fumebat quinque calices vitreos dicti de-
 “cocti calidi, qui calix sex uncias decocti continebat,
 “post quem potum passulas comedebat ad quatuor usque
 “uncias, & in lectulo coopertus per duas horas manebat,
 “quo in tempore plurimum sudabat, plurimumque min-
 “gebat, nam & per alia tempora decoctum ligni bibit,
 “minimeque potuit sudare, quinque autem horis post
 “prandium ex pane optime decocto, loto in jure parvum
 “pulli fumebat, & aliquid etiã carnis dicti pulli co-
 “medebat, una cum passulis, bibebatque ex secunda de-
 “coctione ad libitum, sed deinde horis à prandio iterum
 “quinque cyathos primæ dictæ decoctionis calidæ bibe-
 “bat, & passulas post comedebat, & in lectulo per duas
 “horas manens cum sudore, & plurima mictu quiescebat,
 “quatuor postea horis à potu cænabat, cæna tamen sem-
 “per fuit lenior prandio, bibebatque secundam decoctio-
 “nem ad libitum, qui ante xx. diem ita bene habuit, ut,
 “& dolores recesserint, & tumores dissoluti fuerint, &
 “exulcerationes sanatæ fuerint, volui tamen cum dicta
 “regula

ing of note, not only because he probably wrote before Massa, but because

Q 2

Boerhaave

“ regula hominem usque ad quadragesimum procedere
 “ diem, sicque sanus factus, incolumis per multos an-
 “ nos vixit.

Case 2. “ Dominus Johannes Broila vir generosus Magni-
 “ ficus, dives, & nobilis vir, temperaturæ calidæ & siccæ,
 “ cum plurimos annos laborasset morbo Gallico cum tu-
 “ moribus per universum corpus, præsertim in capite, e
 “ quibus plurimi exulcerati erant, cum ossium corrosione
 “ & in capite & facie magis, ita ut non hominis, sed mon-
 “ stri cujusdam speciem præ se ferret. Hic cum tam Tu-
 “ rini, quam Mediolani, & Papiæ plurimos medicos ad sui
 “ curam accersisset, nunquam potuit liberari, neque potu-
 “ decoctionis ligni Indici pluries sumpto, neque inunctio-
 “ nibus plurimis factis, neque postremo suffumigiis uni-
 “ verso corpori administratis, tandem in Galliam, Lugdu-
 “ ni scilicet ad quosdam famigeratos medicos se contu-
 “ lit, qui & ipsi plurimum laborantes nihil fecerunt. hic
 “ cum esset sine spe futuræ sanitatis admonitu quorundam
 “ medicorum ut me Venetias conveniret, Venetias se con-
 “ tulit, mihi que domi narrans omnia præterita, & osten-
 “ dens omnes tumores, ulcera, & ossium corruptiones,
 “ rogabat ut sibi opem ferre vellem, promittens non
 “ ingratum se in me futurum esse. Ego vero postquam
 “ hominem solatus essem, & jussissem esse bono animo
 “ cum esset hiems & frigidissima quidem, jussi ut ma-
 “ neret domi, & custodiret se ab aëre frigido, quiescens
 “ donec tempus mutaretur, non tamen interim defuerunt
 “ auxilia quæ ulceribus subvenirent. superveniente autem
 “ Februario mense hominem expurgavi, jussi que ut bibe-
 “ ret decoctum ligni Indici cum mediocri diætâ, quoniam
 “ excarnis,

Boerhaave himself has written highly in his praise. There is however a circumstance

“ excarnis, & macilentissimus erat. ille tamen credens
 “ per cibi abstinentiam citius & melius posse curari, abstinebat, & parum aut nihil, me inscio, comedere volebat, sicque processit bibendo usque ad quinquaginta dies, nec tamen convalere potuit, nam & tumores, & ulcera omnia male se habebant. res denique dimissa fuit naturæ cum optimo regimine cibi, & potus & aliarum rerum necessariorum usque in finem Augusti, quo in tempore expurgato corpore, iterum jussi decoctum ligni illum bibere mane & vesperi usque ad duas libras cum comestione passularum, & in prandio concedebam carnis portionem, & vini pauciferi cum secunda decoctione diluti potum, qui tamen, cum esset severus, & audivisset victum tenuem plurimum prodesse morbo Gallico, non parebat, sed abstinebat & ab usu carnis, & à vini potu. qui & si per duos menses bibisset, non propterea convaluit, sed una cum tumoribus, & malis exulcerationibus languebat. superveniente vero hieme volui illi aliquid præter regimen resumptivum injungere sed una dierum, Famulus quidam sibi carus mihi significabat id esse in causa cur ille non fuerit sanitati restitutus, quoniam non paruit meis mandatis in regimine cibi, & potus. nam cum decoctum ligni bis assumpsisset, nec carnem comedere, nec vinum bibere voluit, & hoc quoniam cæteri medici semper & à vino & à carnibus eum abstinebant. Cum vero Magnificum virum de futura cura alloquerer, dixi illum minime posse sanari, at ille cum audivisset verbum, turbatus quærebat qualis esset causa, respondi quod ipsemet esset causa, quoniam me decipiebat, cum se minime obedientem præberet

stance mentioned by * Astruc on the authority of Gesner, which, if true, shews

Q 3 that

“ præberet meis mandatis, aperuique quæ dixerat mihi
 “ famulus. cumque ego sibi meam visitationem negassem
 “ promisit se omnia, quæ imponerem facturum. cumque
 “ ego hominem obedientem in futurum esse credidi, in
 “ principio veris exhibui iterum decoctum ligni Indici,
 “ usque ad tres libras mane, & vesperi cum comestione,
 “ passularum, & in prandio dedi jus pulli, vel vitulinæ
 “ carnis, & portionem carnis ad comedendum, jussique
 “ ut biberet vinum dilutum ad libitum cum secunda de
 “ coctione tam in prandio quam in cœna, neque volui
 “ ut ullo pacto sudaret, sed contentus esset copiosa urinæ
 “ evacuatione. qui hac ratione bibens decoctum per
 “ duos menses, liberatus fuit à tumoribus, & ulceribus,
 “ atque sanus et pinguis ex vini potu distribuentis nutri-
 “ mentum factus, incolumis ad suos consanguineos in
 “ patriam reversus est.

Case 3. “ Item Illustrissimus ac strenuus Princeps
 “ D. M. temperaturæ calidæ ac humidæ, cum subdo-
 “ minio alicujus siccitatis, facientis ad subtiliationem san-
 “ guinis, ætatis consistentiæ, cum passus esset morbum
 “ Gallicum per multos annos, non potuit ex toto libe-
 “ rari quin relinqueretur ulcus magnum in capite bron-
 “ chi, cum quo erant corrosæ cartilagine omnes partis
 “ capitis bronchi anterioris, ut posset unusquisque inte-
 “ riorem partem asperæ arteriæ inspicere, & tangere. ul-
 “ cus quidem erat antiquum ostracosum multorum anno-
 “ rum, os cujus tantæ latitudinis duo digiti simul con-
 “ juncti potuissent facillime ingredi. & cum sapientissimi,
 “ ac

* Astruc. Vol. II. page 250.

that Hutton was deceived in his idea of having obtained a cure ; for according to this author,

“ ac expertissimi medici ejus consolidationem plurimis re-
 “ mediis tentassent, incassum tandem omnia acta fuere,
 “ nam Mediolanenses primarii medici, cum esset Viced-
 “ minus in arce, ei medelam præstiterunt, similiter & Ja-
 “ nuenses primarii medici, nomine inclyti Regis Gallo-
 “ rum, Januæ plurima fecerunt, sed ipsi frustra labora-
 “ runt. postremo reversus est ad Regem, Senioresque, &
 “ famigerati medici Lugduni eam in curam susceperunt
 “ nec propterea ulcus sanari potuit, ulcus vero talis erat
 “ rationis, quod si sine penicillo, vel magno licinio ex
 “ bombace factò adaperitum fuisset, Illustrissimus Princeps
 “ per illud spatium temporis sine voce & dearticulata lo-
 “ cutione manebat, appositò vero licinio sive penicillo ex
 “ bombace obstruente ulcus, recte, distincte, & sine ali-
 “ qua difficultate loquebatur. erat quidem vir ruffi colo-
 “ ris, habens barbam prolixam, coloris flavi, tendentis
 “ ad auri colorem, quæ ulcus perbelle tegebat, & occul-
 “ tabat. & tametsi plurimi essent assistentes nobiles mili-
 “ tes, neminem tamen ulcus erat notum, præter uni, qui
 “ secreto ipsi inserviebat. Accersitus igitur ab Illust,
 “ Principe, ut eum viderem, sic ille me allocutus est.
 “ *Sunt quam plurimi anni quod te videre pro quadam mea*
 “ *mala dispositione desideravi, à qua usque in hunc diem nemo*
 “ *potuit ex medicis me sanitati restituere, audi veram tamen*
 “ *& Mediolani, & Papiæ, & Januæ, & Lugduni, ac etiam*
 “ *in castris Nicolai Massæ nomen, & plures sanatos ab illo.*
 “ *postea quam igitur pro negotiis Inclyti Regis cum Illustrissimo*
 “ *hoc Dominio huc me contuli, rogo te, ut me in tuam tutelam*
 “ *suspicias, donec Venetiis manebo, nam vere non possum tem-*

“ *pus*

author, he was relieved for a time, but not cured by this medicine; and after-

Q 4

wards

“ *pus aliquod determinatum meæ moræ tibi assignare. scio*
 “ *equidem id malum quod nunc ostendam tibi, non cito sanari*
 “ *posse, tu vero quid agendum sit jubebis, & ad omnia me obe-*
 “ *dientum præstabo.* Postquam præfationem, vocavit il-
 “ *lum qui ei inserviebat, & ostendit mihi ulcus superius*
 “ *dictum, quo viso cum essent corrosæ cartilagines an-*
 “ *teriores capitis bronchi, sic orsus sum, Illustrissime Prin-*
 “ *ceps non est mirum si tot sapientes, & illustres medici pluri-*
 “ *mum laborarunt, neque ulcus hoc sanare potuerunt, cum*
 “ *pars quæ deperdita est, sit pars membri quod à semine ortum*
 “ *habet, namque membra à semine orta, si deperdita fuerint,*
 “ *nequaquam instaurari in adultis possunt, in pueris parvis,*
 “ *& adolescentulis aliquando hoc visum est, in adultis vero*
 “ *minime, Cæteræ partes quæ à sanguine fiunt, facile re-*
 “ *nascuntur si aliqua de causa deperdantur.* At ille, rogo,
 “ *inquit, ut quotidie huc accedas, & aliquid, ut tibi vide-*
 “ *bitur, faciendum injungas, nam ulcus hoc est derelictum*
 “ *postquam plurimis à medicis factis remediis à morbo Gallico*
 “ *evasi.* Ego vero cum vidissem Illustrissimum Princi-
 “ *pem paratum, bonæ habitudinis, & in reliquis corporis*
 “ *partibus sanum, & tempus esset acceptabile, (erat enim*
 “ *post pascha in principio veris in fine mensis Aprilis)*
 “ *expurgavi corpus à communibus intestinorum & pro-*
 “ *pinquorum membrorum superfluitatibus, bisque sangui-*
 “ *nem aperta vena jecoraria misi, deinde jussi, ut aquam*
 “ *decoctionis ligni Indi biberet. qui cum esset assuetus plu-*
 “ *rimo potui, ut solent Domini Galli facere, cœpit pri-*
 “ *ma die bibere mane duas libras primæ decoctionis*
 “ *ligni, ac post passulas comedere, & in lectulo manens*
 “ *per duas horas sudare, sed ante prandium per duas ho-*

wards died of the disease. But admitting this to have been the case, by Hutton's own account it appears that he had undergone several courses of mercury before he used guaiacum, and if this medicine did not cure him, yet as it took off his symptoms for a length of time, it may be considered as a useful fact, and will warrant the inference, that by a combination of this medicine with a more judicious use of mercury he would probably have

“ ras bibit ex secunda decoctione libram unam, post quam
 “ duabus horis prandium accepit, & fuit ex pane bis-
 “ cocto & passulis simul, bibitque unam phialam aquæ
 “ secundæ decoctionis; inter prandium & cœnam ex se-
 “ cunda decoctione ad libitum bibebat; quatuor postea
 “ horis ante cœnam iterum primum decoctionis calidæ
 “ tres libras bibit, & in lectulo coopertus manens per
 “ duas horas sudavit, cœna fuit minor prandio, videli-
 “ cet ex pane biscocto & passulis, & potus ex secunda
 “ decoctione ad libitum, processit Illustris Dominus sem-
 “ per potum primæ decoctionis tam matutinum quam
 “ vespertinum augendo, & etiã secundæ decoctionis
 “ in prandio & cœna, ut tandem ex prima decoctione
 “ octo phialas biberet, & ex secunda decem & duodecim,
 “ aliquando cum plurimo sudore, & copiosissimo mictu
 “ & secessu; & hoc fuit per spatium quinquaginta dierum
 “ in quo tempore sexaginta & plus libras ligni Indici ad
 “ magnam stateram consumpsit: super ulcus vero capitis
 “ bronchi

have been perfectly cured. Even the mere palliation of symptoms like those he has described is a sufficient proof that it has some efficacy; for mercury itself, when employed in the modern way, for the same symptoms has frequently no better effect: and I have more than once known a subsequent course, cure, when the preceding one has only enervated the disease. This man's case was a pox of long standing, for he had been diseased for eight years. Among other symptoms

he

“ bronchi quater in die apponebatur coton madefactum
 “ spuma primæ decoctionis, nam dum coquerent lignum,
 “ spumiam ad hanc medelam servabant; sicque Dei om-
 “ nipotentis gratia, & auxilio præter aliquam spem, Il-
 “ lustrissimus D. evasit sanato & consolidato ulcere epi-
 “ glottidis, ex toto callo, loco cartilaginis, supergenera-
 “ to; res profecto mira, & digna ut literis ad hominum
 “ languentium utilitatem, & medentium instructionem
 “ mandetur: Possent & plura alia miracula; quantitatis
 “ operationis decoctionis ligni Indici, quæ in meden-
 “ do in dies à me visa sunt, scribere, sed ii tres casus a
 “ me recitati, satis erunt, ut homines aliquando in max-
 “ imo morbo Gallico se convalere posse confidant. quod
 “ si quis alios ægrotos cum sævissimis accidentibus,
 “ maximis & fortibus remediis, sanitati restitutos esse scire
 “ desiderat, illud assequetur facile, si universum proces-
 “ sum istius libri legere voluerit.” Aphrod. pag.
 cap. x. Nich. Massa.

He had nocturnal pains, nodes, and a gummatous tumour, which rendered him incapable of raising one of his arms. If symptoms like these can be removed for a time by guaiacum, it is well worth the enquiry how far it may, under certain circumstances, be revived, and still retained, among our other antivenereal remedies.

Some of the early writers seem to me to have been fully sensible, that this was a remedy only for the late secondary symptoms of the disease. Massa employed it successfully in that particular stage of it, in which the periosteum, the internal muscular and aponeurotic surfaces and bones were affected.

I apprehend if we had not at this period of the disease, the above facts to guide us, yet that its known power in rheumatism would lead us from analogy to employ it in venereal pains. The same parts are frequently affected in the one disease as in the other. As in the one, so is there frequently in the other, a disposition to metastasis. The

metas-

metastases are indeed specifically different: but this symptom, of all the others, which attend a late pox, seems to me to be that which mercury has the least power over; and I think it very probable, that by uniting the properties of Guaiacum with those of mercury, we may frequently obtain what is not generally obtainable by either singly. Every person who has been much versed in practice, must be fully sensible of the difficulty of effecting cures when the disease has acquired a strong propensity to these transmutations, and it is, I believe, to the prevention of these, that the properties of Guaiacum are particularly applicable. Or, if without curing the disease, it will only stop the progress of a venereal carries, more especially when the nose or palate are affected, it would be highly valuable. According to the account given by those who have relied on this medicine, it appears that it does not relieve under a number of days; it is not therefore to be compared with the decisive effects of mercury, for stopping

the destructive progress of a late symptom. However, it is evident from the authority of Boerhaave, that it has great effect, in a venereal caries of the palate, nose, and fauces and therefore in that particular case, in which these parts are injured, and there is at the same time, diseased spongy gums, with a disposition to salivate too readily, it may, perhaps, be singularly efficacious as an assistant to the more powerful, general use of mercury.

The early and late symptoms of the disease appear, though specifically allied, to have very different effects on the constitution, and without any stretch of fancy, it may be fairly presumed, that each period may require, a treatment somewhat different. In short, though I can readily allow that, with respect to some of the late symptoms, the disease must be cured, or enervated by the specific in the first instance.

Yet it is more than probable, that Guaiacum may have no inconsiderable share of power, in promoting the usual operation of mercury, or in relieving some of those irre-

gular anomalous symptoms, to which no precise name has been affixed, and which it is very difficult to determine, whether they arise from the relicks of the disease, the remedy, or the action of other circumstances on the constitution.

A practice of dividing the periosteum, during a mercurial course, in the cure of a very painful node, in order to lessen distention, has been recommended by Mr. Bromfield. I can readily conceive, that this may sometimes be necessary, particularly when the pain is excruciating, and the action of the specific too slow, or too sluggish to produce ease within a short space of time. I had once occasion to do this operation, and from that case, I am rather inclined to trust to the anti-venereal effects of the remedy, than to this local treatment. But there may, notwithstanding, be cases, in which it may be advisable, not only on the above principle, but as a means of checking the rapid progress of the disease, under the periosteum.

With

With respect to venereal enlargements of the joints, they require no treatment distinct from that which is necessary, for every other secondary symptom. Nor do, those called gummata, which sometimes arise on muscles, or aponeurotic parts, nor those kind of sores, which sometimes come on, as a consequence of the latter, in which there is either an appearance of glaire, or of sloughiness, resembling that of a semiputrid tendon.

Oxana.

The celebrated Boerhaave was well aware of all the horrid consequences, which sometimes attend this dreadful symptom. In order to settle its diagnosis, a very minute inspection into the two nostrils, the mouth, palate, velum pendulum palati, pharynx, and tonsils, is necessary; for it most frequently happens, that the affection, though perhaps principally occupying the nose, is yet not confined merely to that part; the voice of the patient, which is sometimes much altered

altered from its natural tone, the seat of the pain, which is generally towards the root of the nose, the purulency and fœtor of the discharge, which are frequently not only disagreeable to bystanders, but to the patient himself, the state of his previous symptoms, the ulceration, if in sight, appearing like lard, the cartilages of the nose and *alæ nasi* being shrunk, attenuated, or ulcerated, an unhealthy countenance, leanness, real or anomalous, venereal pains, venereal head ach, particularly if between the frontal sinuses and above the root of the nose, are the circumstances to be enquired after and attended to.

The treatment for this symptom should, I apprehend, be varied according to the state of it. If the diseased affection is confined merely to the nose, without any apparent affection of the fauces, palate, bones, or tonsils, in that case, even though from the laxity of the patient's gums, a disposition to salivate readily may be expected, yet I think, that the decisive effects of the medicine can scarcely be produced

duced too early ; because experience fully shews, in a great variety of cases, that these are the true means of checking the farther progress of all ulcerations, clearly venereal. The confinement should therefore be strict, and the doses of the medicine large, in order that its operation may be quick ; the propriety of this practice is sufficiently evident, from the case, mentioned Page 26. Vol. II. in which the rapid progress of the disease was certainly checked immediately, if not entirely cured, by a very small quantity of mercury, suddenly producing the usual decisive symptoms. Having then in the first instance, stopped the progress of the ulceration by the above means, the extinction, and perfect cure of the disease are to be attempted, as in every other late symptom, in which a similar mode of treatment is followed.

Having professed myself an enemy to all mercurial topics, where they can be clearly avoided ; and knowing in the symptom under consideration, both from its malignity, and the late time of the
disease

disease, at which it generally appears, that mere palliatives can avail but little, I would rather trust to general, than local means of relief. I cannot, therefore, recommend the indiscriminate use of a cinabar fumigation, though it is in this case, a common application, excepting in that particular habit, in which the specific will probably act too slowly without some such spur. And here, it will be, no doubt, an effectual assistant, to the too weak action of the general remedy, and at the same time, a strong and powerful corrector of the local mischief.

But when the ulceration, and the caries of the bones are deep and extensive, affecting not only the nose, but the palate, if the patient has at the same time bad teeth, and spongy, unhealthy gums, in that case, I say, that the putrefaction, generated by the disease, may be so heightened by the local effects of mercury, if it should act on the mouth with any degree of violence, as to do the greatest injury. The specific should therefore be introduced fairly, but gradually, either

with a considerable interval between each dose, or by moderate doses; and as mercurial antiseptics; Ward's Drop largely diluted, a very weak solution of sublimate, or a lotion *ex calomel et aq. rosar.* may be used with an armed probe. But such is generally the strong tendency to salivation in this case, that when applied to the parts within the mouth, even these mild mercurials are hardly safe; for they may raise a sudden and unexpected defluxion about the fauces. Frequent gargling with barley water, or a decoction of carrots, will, when the mouth and fauces are affected with disease, be useful. And the habit and state of the ulceration may be corrected, in some measure, by the exhibition of bark, opium, and a proper attention to diet, but it is principally from the fair action of the specific on the system, that the patient must expect a cure.

Some writers have had an idea that a cinnabar fumigation would dry up these kind of ulcerations, prematurely, and before the disease, of which it is certainly
one

one of the worst symptoms, could be cured. I can only say, that the most inveterate cases of ozænæ, I have seen, have been either relapses after the use of this topic, or from a too partial operation of the general means of cure. The very delicate and spongy texture of the bones, generally concerned in this affection, is such, that though the periosteum and pituitary membrane are the parts which are previously affected with disease, and though exfoliation does sometimes take place from them, yet we also sometimes find, that when the ulcerations are inveterate, and have spread with great rapidity, so as to injure the whole of a small bone, whether of the nose or palate, such bone separates at the future and comes away entire.

When the spreading of the ulcerations and putridity are lessened by the above means, the cure of the disease may be afterwards effected by urging the general remedy to the proper point. Sarsaparilla and Guaiacum may be here singularly serviceable, and employed with

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the other means of relief. The authorities adduced in support of this opinion will, I hope, warrant me in submitting my conjectures to the public, as objects for future enquiry.—With respect to the former of these medicines, I know of no situation in which it may not be with safety used. But, with regard to Guaiacum, it has been interdicted, and I think with great propriety, in those who are naturally hectic, who have weak lungs, and a disposition to phthisis pulmonalis. And, if there is a tendency to hectic, from any other cause (that arising from the venereal disease only excepted) it will be also improper.

As to the treatment of a venereal hectic or marasmus, with which the foregoing symptoms are very often combined, the plan long since laid down, and adopted by Massa * is certainly no contemptible one. Mercury should be employed first as an ameliorant and alterative in the smallest doses, and with caution, so that the patient may rather gain strength gradually

* Vide Note, page 216.

gradually under the remedy, than lose it by its sudden and too forcible action. Every thing that can tend to mend the state of the animal juices, and invigorate the system, will be also necessary. Opium to procure natural rest, milk, country air, and bark, may be used, but even this plan should be pursued under some degree of confinement. When the pulse rises, and he gains strength under this treatment, the medicine may be more forcibly urged for the complete eradication of the disease. Mercury is certainly the best, if not the only cure, for a pox: but in cases where the system is so far debilitated, that it cannot bear the natural operation of this medicine, in the form and way in which it is usually exhibited, it will be in vain to attempt a cure in that manner. There is probably in every such debility a tendency to putrescency, which this medicine will infallibly increase, if used in large quantities. This matter is, indeed, at present an uncertain one; and not yet, regulated by any fixed points, or well

adjusted scale; but, though unascertained, these points are still discoverable. I must request of the reader to return back to that remarkable case of unexpected salivation, Vol. II. page 51. note, he will thence see the great difficulty of effecting a cure under the disadvantages of a pox thoroughly established, in a habit injured by climate, intemperance, and disease. But great as the difficulty was, it is evident to me, if this person's constitution had not been greatly debilitated, and his secretory organs very much relaxed by a warm climate, under which situation he was probably strongly disposed to salivate readily; that the local application of a powerful mercurial to the pustules on the surface of his body, would not have rendered the cure more difficult, nor caused that repulsion of symptoms, which affected him for so long a time. It is evident from this instance that a certain degree of strength and health are absolutely necessary; not only to support the constitution, under the powerful action of this medicine,

medicine, but that this action cannot be made to take place, fully and fairly, without them.

I cannot close the cure of this division of symptoms, without calling the reader's attention once more to the leading principles of practice, contained in the foregoing pages. I will shelter myself under no subterfuge, nor court the applause of the world, by humouring prevailing ignorance, or unjust prejudices: what experience has fully shewed me, that I will venture to disclose, let the consequences be as they may. And I do assert, and from long observation, that when salivation can be conducted with the precautions mentioned in some of the foregoing pages, so as to bring on the proper decisive effects of the medicine, within the short period of little more than three weeks, that it is both as a method of cure for secondary symptoms, and as a mode of using mercury infinitely more certain in its operation, and less hurtful to the constitution, than any other with which I am acquainted.

To compare an alterative course with it would be to depreciate it; and it is much more safe than any other modification of ordinary salivation, in which the cure under confinement runs out to a much greater length; because the quantity of mercury employed is much less, and its effects by no means violent.

If it be objected that this time of cure is too short; I say if the state of the patient be such as to bear $\mathfrak{z}\text{i}$. or $\mathfrak{z}\text{iss}$ *ung. mercur. fort.* at each friction during the first week; $\mathfrak{z}\text{ij}$. or more during the second week, and a small quantity more, during the third week, that the proper effects may be produced in many cases within this period. I regret very much that a propensity to salivate too readily, will too often render these doses, and this plan improper; and on the other hand, an inaptitude to salivation will sometimes unavoidably prolong the time of cure, and increase the aggregate quantity of the medicine. But when the case is clearly otherwise; when
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the remedy acts in a kindly manner, gradually producing a tendency to a fore mouth, and allowing also, of that gradual increase in the quantity of the medicine, to the beginning or middle of the third week, the decisive effects then shewing themselves fully; I say when a patient is fortunate enough to have a constitution that will allow of this, that such method of cure has ever appeared to me to be much more safe and effectual than any other. If it will cure venereal ophthalmiæ, venereal farcoteles, gummatous swellings, nodes, obstinate venereal ulcerations of the tongue, &c. there can be no doubt of its curing other symptoms; and that it has frequently done this, I can very safely aver.

Cure of Anomalous symptoms.

When treating of these symptoms, it was said (Vol. I. page 128) that they might be divided into three classes, namely; into those which were owing to the suppressed and remote effects of the
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the remedy, when improperly used; into those, which were the genuine effects of the disease, but appearing in a broken, and, as it were, disjointed manner; and that, others were indeed the consequences of the disease, but without latent venereal mischief.

With respect to the first of these classes, having quoted the case of the girl who was under Dr. Sylvester's care, mentioned in the London Medical Observations, I must add, that in the same valuable work, Vol. VI. there is another instance, given by Dr. Dobson, of a train of anomalous, mercurial symptoms arising from a suppressed salivation. These and the case already mentioned, are sufficient proofs that disagreeable consequences do sometimes follow, when a check has been given to the natural action of this medicine, on the salivary glands and skin. Having also adduced two instances of palsy, which I think may very fairly be set to the same account, I shall pass over the ill effects, which do sometimes come on

in a severe alterative course, from the action of cold, drinking, and other irregularities, when the system is loaded with this medicine, and in the act of producing its putrefactive and evacuant effects; at a time when the pulse is unavoidably raised to a very high pitch with every pore, and every secretion open. And having called the reader's attention to these facts, in the present universal phrensy for alterative methods of cure, I can only lament that the obvious means of prevention, I mean an exclusion from a free communication with the external atmosphere, under a mild and well regulated regimen, is not more generally practised. Having shewn, that even in the warm climate of Venice and Italy, such a precaution was some centuries ago adopted, I am astonished to find that it has not more generally prevailed in this country: a country, perhaps of all others, from the great variability of its atmosphere, more inimical to the action of mercury than any other. I shall next proceed to the consideration

consideration of some other circumstances, in the operation of the remedy, worthy our most serious attention.

If we were to set the intrinsic merit of a mercurial course under regimen and confinement, as a means of curing the disease, out of the question, and compare the effects of the remedy, when used in this way, with a long and severe alterative course, we shall see a considerable difference. In the one, there is a quick operation of the remedy, opposed to a slow one; in the other, effects which are natural and unequivocal, opposed to a laborious, and often a suppressed action; in the one, a complete and speedy subsidence of all the disagreeable phenomena necessarily attending its operation; in the other, a number of complaints clearly deducible from its retention, and from its continuing to exert its effects for a length of time on the constitution, after the patient has ceased to use it. In one person I remember salivation was produced, by dancing six weeks after the discontinuance of an alterative course;

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it is worthy of note, that this salivation, though violent, did not prevent the termination of the disease in nodes. I have often seen, even several months after the use of mercury in this way, that sore throats, resembling slight mercurial affections of the fauces, would come on, last a few days, and then go; and upon a slight cold, dancing, drinking, or using violent exercise, return again; which sufficiently proves, that a portion of mercury, in each of these cases, was actually existing in the system, in a state of suppression; to which portion one or more of the above circumstances, by increasing the circulation, gave the usual, though slight effect, on the mouth and salivary glands. And these anomalous mercurial effects, I have very frequently observed many months after the discontinuance of an alterative course.

Some of the effects of this medicine were said to be putrefactive—when these have been kept up in the system for a length of time, as in the case of the Medical Gentleman, page 128. perhaps
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a disposition, truly scorbutic, may be raised. By scorbutic, I here mean, a putrid disease, resembling, in some respects, the sea scurvy. And this will, in some measure, account for that tenderness of the fibula and periosteum, of which this person complained, and which ceased upon his discontinuing the medicine.

It is not to be wondered at, if obstinate rheumatic pains, of the chronic kind, sometimes follow upon the free use of mercury, when it is considered that quick and frequent transitions from heat to cold will frequently produce them in those who have never been under a mercurial course. It matters not whether the pores be opened and the body be heated by violent exercise, or by the strong action of such a stimulant as mercury; in either case, the transition, upon the application of cold, must be great; whether that cold arises from the evaporation, produced by the contact of wet cloaths, with the surface of the body; from an imprudent exposure to a current

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rent of air; or from the action of the dry, Easterly winds of this country on that vapour, which is constantly flying off from the skin, and is called, the insensible perspiration. How many hundreds are there who overlook, or really are ignorant of the critical situation, in which mercurial courses unavoidably place them, and indulge in all their usual amusements, riding, dancing, drinking, &c. That many have irreparably injured their constitutions by irregularities of this kind, and that some have fallen victims, at a very early period of life, to acute diseases, of the peripneumonic kind, I have no doubt; and from these causes solely.

Having shewn that the action of this medicine has a tendency to increase the disposition to hectic in every the best possible temperament, but more particularly in that, in which the constitution is highly and delicately sanguineous, in order to determine whether this medicine is absolutely necessary for the extirpation of venereal complaints, and can be employed

ployed in the one method, with more safety than the other, I have only to enumerate the leading circumstances of each method, and will then leave the question with any medical man. In the alterative method there must be a larger quantity used than in the other; that quantity, large as it generally is, must act for a much longer space of time; that natural cure for its stimulating effects, the depletion of the lymphatic system, which takes place when the mouth is affected in the other method, is repressed in this by exposure to air, and some other secretion must supply the deficiency; that secretion may take place from the kidneys, or the skin, or from both; if from the pores of the skin the patient runs as much risque upon an unguarded exposure to cold, as he does, who, after heating his body with violent exercise, exposes himself to the same danger; but with this very material difference in the two cases; that in the one, the animal juices are not injured, previous to such exposure,

but

disposed; I can only say, that it is much more easy to prevent its ill consequences, by an early and proper attention to regimen, habit, and the mode of using mercury, than to cure it. As a situation of this sort comes more immediately within the province of the physician than surgeon, I shall only remark, that when such tendency to hectic has been greatly heightened, during a mercurial course, by one or more colds, or other accidents; if there is much hardness of the pulse, a cough, or other symptoms, indicating the slightest peripneumonic inflammation, [that the specific should be immediately discontinued; And, when these symptoms are removed, it may be afterwards employed in a more careful manner. There are only a few venereal symptoms which are immediately, or suddenly dangerous: and even these are generally of less consequence, than the accidents above mentioned. Besides that kind of medical treatment which these circumstances sometimes render necessary, but which

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I do not mean to enter into; the flannels should be changed for clean ones, the pores of the skin should be kept open by moderate warmth, within the house, and, as a means of quieting the universal irritation, opium, after proper evacuations, &c. will frequently be of the greatest service. When it can be used with propriety, it will, I believe, be found the best (and indeed in many cases) the only remedy against the stimulating effects of mercury.

With respect to the treatment of chronic rheumatism, arising as a consequence of inattention, during an alterative course, or after a cure under confinement I must refer the reader to the general practice of physic, for similar affections. I can only say, that the properties of Guaiacum seem to me admirably well adapted to this particular case. If the pains which sometimes follow the free use of mercury be carefully attended to, it will, I believe, be generally found, that stimulants, of whatever kind they may be, will have, at least, a temporary good effect. Whe-

this arises from the sedative power which the specific, after a long use of it, exerts upon the constitution, I cannot say, but having often noticed the good effects of other stimulants, it is, I think, probable, that the above medicine may be singularly useful. And, upon a similar principle, the mercurial preparations in small doses have been frequently employed with success. As a powerful assistant to the natural action of the specific, in whatever way it may be deemed necessary to use it, no man, in a climate like that of England, should ever venture upon an alterative course, without defending his body with a callico, or, what is better, a flannel shirt, flannel drawers, and worsted understockings; nor should any one go suddenly into the open air, after a course under confinement, without the same precautions. Trifling as these circumstances may seem, the neglect of them has, I am convinced, cost many a man his life, and been the true cause of ill health to no inconsiderable number of individuals.

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With respect to those anomalous symptoms, in which the disease may be said to be rather suppressed than cured, they are, though suppressed, either clearly venereal, or they are obscurely so. If the former should be the case, they must be treated as other secondary symptoms; but if the syphilitic appearances and symptoms should be doubtful, the matter becomes delicate, and should be well considered. Under these circumstances, absolute certainty is not always to be gained, even from the most minute investigation. The symptoms may warrant the suspicion of a latent disease, and yet not amount to a complete proof, that such disease is the cause of them. Under such a situation, much attention should be paid to the constitution of the patient, and to his feelings. If a man thinks at all, the idea of having the lurking seeds of this deplorable malady within him, is a sword perpetually hanging over his head; it mixes with his most secret thoughts, damps every pursuit, and poisons every comfort of his life. There are certainly many men, whose

whose minds are more injured than their bodies; but when a practitioner, from a due consideration of all circumstances, though he cannot say, positively, that the symptoms amount to what is, strictly speaking, venereal; yet, if it is probable that they will, in a course of time, become so, it is a presumption to go upon. In this, as in some other critical situations, the man of judgment will sometimes find enough to direct him, without clear and absolute proof; and, when that judgment has been duely formed, it is for the patient to determine, whether he will be guided by it; and, by taking a bold and decided part, free himself, at once, from all probable danger, by submitting to a full and unequivocal operation from the remedy. When it is considered how forcibly the idea of latent venereal mischief will act upon some minds, even to the production of diseases, no less distressing, and infinitely more difficult of cure than the venereal, I think of two evils, a man chuses the least, who pursues the great, broad line of conduct,

and,

and, by following that, either cures himself of the disease, if he has it; or, what is sometimes no less distressing, of his apprehensions, if he has not.

When I say this, I must remind the reader that there are some constitutions so framed by nature, that they will bear mercurial courses with perfect safety; nay there are probably some, which mercury will essentially serve; but there are others which it will certainly injure: and this last consideration should always operate, as a powerful dissuasive.

Having explained my sentiments on this difficult matter, with that openness and freedom, which experience has insensibly led me to, and which reason, I hope, will warrant, I must add, that it has been long a desideratum to procure relief, in anomalous cases, by less certain and direct means. The small progress hitherto made in our knowledge of the suppressed state of the disease, our ignorance of the remote effects of the remedy, and of the consequences frequently arising from accidents which
 happen

happen, either during, or subsequent to a cure, have given to modern quackery the appearance of doing more than it can, in justice, pretend to.

In every stage of lues venerea the symptoms may certainly be damped, though the disease be not cured. In proportion as it has been more or less broken down by the previous means of cure, so it is easy to keep it under. And, in this way, from the slightest effects of the specific, may the temporary appearance of a cure be sometimes produced.

But it may be asked, whether the disease, after having been more thoroughly enervated, does not sometimes return (if I may so say) to that leprous state, to which it, perhaps, originally owed its rise. If this idea be well founded, it may be readily conceived, that *Æthiops antim. pulv. plumm. decoct. Lusitan**. and the

* *Decoct. Lusitan.* ℞ *Antimon. crud.* ℥i. (in nodulo ligat.) *Lap. Pumic.* pp. (etiam in nodulo ligat.) *Rad. Sarsap.* *China contus.* a ℥ss. *Nuc. jugland. integ.* No. X. *Coque in aq. fontan. lib. iv. ad lib ij.*

the smallest doses of the saline preparations of mercury may have been eminently useful. With respect to the *decoct. lusit.* there may be many prescriptions for this medicine; but the most unexceptionable I have seen, is that which bears the name of Van Swieten. If this medicine be duely considered, there seems to be but two ingredients of any efficacy in it; these are the *antim. crud.* and *nuc. jugland.* for with respect to the Sarsaparilla and China, they seem to be in too small quantities to be really serviceable; and, as to the pumice stone, I know of no kind of use it can possibly be in the composition.

However, I believe, there can be no doubt of the good effects of both these ingredients in leprous affections; and, if the medicine possesses any activity, it is principally to them, that it owes its reputation.

Having explained that decisive conduct which should, in my opinion, direct us, both in regard to the diagnosis, and,

after that, in the method of cure; I leave every man at liberty to combat, doubtful symptoms by an indecisive and equivocal treatment; for my own part, I will not do it. Having once fixed what the disease, probably, is, I know of no plan so unexceptionable as that I have pointed out; and the method pursued should, I apprehend, be conducted under confinement, by uniting frictions with the saline preparations of mercury, and availing ourselves, according to circumstances, either of Guaiacum, Sarsaparilla, or both. A very successful instance of a cure, upon a plan of this kind may be seen, Vol. II. page 79. That cure was effected ten years ago, and the lady has ever since enjoyed perfect health: and many more instances of success, from a similar mode of treatment might be given.

Having, in the foregoing pages, shewn, in a great variety of circumstances that the great leading effects of the specific must be attended to, in every mode of cure, how much soever the several methods

thods may be diversified by the preparation used, by the combination of one preparation with another, or by uniting the power of other medicines with the antivenereal properties of mercury; I must request of the reader to observe that those effects have been shewn to be precisely the same, whether they are raised at *an early or late period*. With these a practitioner may, if he pleases, begin; but with these, he should, in my opinion, if he means to cure the disease, as well as take off the symptoms, generally end his course.

END OF VOL. II.

ERRATA to VOL. II.

P. 13. l. 5. d. u, ad. i. p. 16. l. 3. for *tritüre* read *triturate*; last l. for *disease* read *in*. p. 33. l. 17. ad. s. p. 39. l. 15 for *a* read *one*. p. 51. note l. 16. ad. i. p. 57. l. 20. ad. *i* for *u*. p. 80. l. 22. ad. *n*. p. 95, l. 16. dele *again*. p. 97. l. 16. note, for *cud* read *crud*. p. 98. last l. ad. *n*. p. 100. l. 4. ad. *may*. p. 127. l. 1. for *that* read *such*. p. 134. l. 18. for *to* read *of*. p. 149. l. 20. ad. *c*. p. 178. l. 18. for *that* read *such*. p. 207. l. 24 dele *be*. p. 209. l. 6. ad. *e*. l. 7. ad. *b*. p. 214 l. 19. for *r*. read *t*. p. 224. l. 4. ad. *,*. p. 247. l. 12 for *shewed* read *shown* p. 255. l. ult. dele *and*.

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I N T H R E E V O L U M E S.

V O L. III.

By JOHN HOWARD, SURGEON.

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A P P E N D I X,

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effectually, but their observations, how defective soever they may be, bear much stronger marks of practice and useful knowledge than some of the productions of the present day. I can never bring myself to believe that such writers should be discarded as old and obsolete. If they may appear to some persons defective in theory, I can only say, I wish we had less of it, in this disease, than we now have. Their practice was, in a great measure, the foundation of the present; and was, as will be shewn in the following pages, in many respects excellent. The world has been long in possession of their thoughts; and the share they have had in improving our methods of cure should be acknowledged with candour, and repaid with gratitude.—Without entering minutely into them, it will be sufficient if I confine myself to such particular observations as have had a tendency to influence the present treatment of the disease. They who wish for a more full account may consult the authors them-

selves. And I am convinced they may still be read with no less pleasure than advantage, and am sorry that the limits of this work will not allow me to note also, many other useful hints in subsequent writers. A student, when of a certain standing in the profession, cannot read too much, nor be too cautious in believing implicitly, without due consideration, the ipse dixit of any man.—He should pin his faith principally on those writers who have endeavoured to describe and form a judgement of symptoms, and the effects of medicine, from what they have seen; men who could clearly distinguish the superior importance of pathology and therapeuticks, over the useful, but less productive science of anatomy. Authentic medical facts may be compared to the well-known characters of arithmetic. They are a kind of universal language understood by the intelligent of every country, and are not the less valuable for having been remarked or used by others. Nor, if it should be urged that they are few in number, or applicable

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to other diseases, are they less important on these accounts. For, to carry on the comparison, in like manner as the arrangement and reciprocal action of figures may be varied, and so managed as to form new products, and solve many highly useful questions, so may these facts. It is by a knowledge of old, that we must lay the foundation for the acquirement of new truths. Improvement is progressive; and if our remote and immediate ancestors had not transmitted what they knew to posterity, and posterity had not received that knowledge to exercise their ingenuity upon, there could not only have been no improvement, but no science; and mankind at this day, would have been almost in the uninformed state of nature. With these reflections, intended to excite our medical youth to the study of medical writers in general, I proceed to make a few observations on the writings of Sydenham, Boerhaave, and Astruc, in this disease.

Sydenham's method of cure consisted principally in giving purgatives so

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frequently, and of such strength, as to produce very copious, and, I should suppose, sometimes rather painful evacuations per anum: for his purgatives, although sometimes of the lenient, were generally of the hydragogue, or even drastic kind. In this practice he aimed at one of two indications. — “ In remediis catharticis quantum huc usque usu comperimus, curationis omnis cardo vertitur, quorum auxilio, vel educitur humor peccans vel procuratur diversio succorum corporis naturalium, qui aliter hosti in pabulum cederent.”

It appears that for the first fortnight he purged every day, or till the heat of urine and purulency of the discharge were greatly abated; then every other day for the next fortnight:—after which he purged only twice a week. If the disease did not yield to this course, or if the patient was not easily purged, he gave occasionally a stronger cathartic; and when the cure went on too slowly, he employed *Hydr. Vitriol. gr. viii.*—twice or thrice, at proper intervals, lest it should occasion salivation, or
 else

*esse Pil. ex Duobus cum Calom. gr. x. bis in septiman.** When he found an aversion in the patient to cathartics by the mouth, or when, from a peculiarity of constitution, his other purgatives did not avail, he ordered clysters twice a day, composed of purgatives *cum Terebinth Venet. ʒvi.*— and every night *Opobalsamum gutt. xxxv. vel Terebinth. Cypress. ℥. N. M.* The diet was refrigerant and light, without wine, spirituous or strong-fermented liquor, (small beer alone being allowed at meals): the drink at other times being milk, boiled in three times its quantity of water, and on the intermediate days of purging, a cooling emulsion. In a very sanguine constitution, and when the disease was obstinate, after having spent a month in purging, he recommends bleeding; but what is singular, he says he is fearful of it at a more early period. He used no injection

* In Mr. Hunter's observations the cure of a Gonorrhœa is mentioned as having taken place from 20 grains of Calomel given in one dose; and he seems to have considered it as an extraordinary fact.

but that of *Aq. Rosar*, and that only at the declension of the disease.

He adds:—"Hac methodo quæ mihi semper pro voto cessit in Gonorrhœa facienda, meliorem nondum comperi, maxime in eis, qui facile purgantur. In eis enim qui purgantur ægrius—curatio, licet nunquam fallax, tamen non nisi post longum temporis spatium, perficitur." In this last peculiarity of constitution he repeated the bleeding, made his purgatives stronger, gave them more frequently, and persevered in them for a greater length of time; or else he used the clyster above mentioned: but he relied principally on purgatives.

Without presuming to expose the little blemishes in the theory and practice of this great man, it is sufficiently clear, that from such a course of medicine as he has recommended, the two indications of cure in every inflammation, namely, derivation and evacuation, must have been answered, and the latter made, not only from the system in
 general,

general, but from a near and almost contiguous surface to that of the urethra, namely, the mucous membrane lining the rectum. The great and manifest advantages of a drain from vessels or surfaces in the neighbourhood of a part inflamed, are now too well known to need much comment. If local evacuation, from an inflamed mucous membrane, can be of service in some dysenteries, in catarrhus affections of the chest, or in a phlegmonous inflammation of the intestines, it is more than probable that purgatives, even in the rough way in which this writer seems to have used them, must have tended to diminish the inflammation in Gonorrhœa. The system in general having been thus weakened, and the local symptoms gradually moderated, the disease generally ran a shorter course than natural, without violence; and I make no doubt, though slowly, yet without any alarming circumstance. It is difficult to say, whether he used the Turbeth. as an antivenereal, or as

a means of producing a powerful revulsion from the part. Neither Ipecac. nor the milder preparations of antimony, were known in his time. But in the dose prescribed, this medicine will generally prove an emetic. So that by the concussion to the whole frame, the violent action of vomiting must have given, it was a relaxant; by clearing the stomach and intestinal canal of their contents, it was an evacuant; and that it is a powerful antivenereal also, in the above dose, there can be no doubt. In this single medicine, therefore, were united the several properties; of producing relaxation, evacuation, and an antivenereal action; and, in consequence of this combination, a powerful revulsion.—On this medicine, in obstinate cases, he seems to have placed great dependence. With regard to the *Pil ex Duobus cum Calomel*, gr. α . which he sometimes substituted for this medicine, the purgative must have acted as a drastic one, and the mercurial as slightly antivenereal, as well as purgative. We are told in
 general

general terms only, the circumstances in which he employed the cathartic and terebinthinated clysters with *Opobalsam*. But it may be premised, that he did not use either one or the other early in the disease, or before his course of purging, which must have been continued from a fortnight to a month, or more. The strict diet, and cooling demulcent drink, were used from the beginning. I have further to remark on this writer, that the great irritation of his purgatives must often have occasioned not only tenesmus, but excoriation of the parts about the verge of the anus; that his method of cure was often effected without mercury, and, in the worst cases, by no great quantity of it; that, since his time, experience has fully confirmed the efficacy of medicines of the terebinthinated kind; and that, during the increase and state of the disease, no local means of checking the secretion from the urethra were employed, unless *Aq. Rosar.* can be said to have had this effect. But unless the purgatives employed, acted by
 revulsion,

revulsion, and by producing such an irritation and secretion, both in the small and large intestines, as bordered on a strong diarrhœal, or something approaching to a dysenteric affection;—I say, unless this made a very considerable part in their action, the method will sometimes require, in the excess of irritation, the assistance of opium, to render it easy to the patient, and, what is more, safe. For the production of tenesmus in Gonorrhœa may, in some habits, bring on an affection of the prostate gland; but when it occasions piles, and those piles bleed freely, such discharge must tend greatly towards a cure; and when they are distended and inflamed without discharge, they draw off irritation from the urethra. Another objection may be raised against the use of purgatives, as prescribed by Sydenham: they may be said to weaken the stomach and digestive organs. It may be urged, in answer to this, that in cases of dropical weakness, the use of the more active purgatives were, and still are, sometimes

times vindicable; that if in such cases they can be employed, not only with safety but advantage, there surely can be no danger arising from them in Gonorrhœa; a disease generally afflicting persons otherwise in high health, where no such weakness exists, and where a daily supply of ingesta, perhaps of a very stimulating kind, is adding to the inflammatory nature of the disease.—It is certainly defective, at least in many phlegmonous habits, from the omission of bleeding during the early inflammatory progress of the disease: and there are almost an infinite number of cases which require the assistance of the *femicupium*, or warm bath.

With respect to the learned Boerhaave's method I must remark, that from his very critical knowledge of the anatomical structure of the parts, principally taken from De Graaf, Ruysch, Littre, and others, he endeavoured to establish certain seats of the disease. In his theory and practice he copied Brasavolus and Sydenham, but he
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added much useful matter of his own. The following heads convey no contemptible idea of the goodness of his arrangement, and the accuracy of his knowledge. “Loci affecti sunt vasa mucilaginosâ, in primis lacuna magna in dorso urethræ ad finem glandis; dispositio quæ hic oritur quænam est? Est inflammatio (further he adds). Prima inflammatio faciat rheuma, peior vero faciat suppurationem, &c. Hinc, nunc, oritur stillicidium transudans. Hæc transudatio fit semper per urethram. Sed in pessimo aliquando affectu hæc transudatio fit per substantiam glandulosam penis, ulceratio autem quæ hic fit, lenis est ut patet clare; quia per sex septimanas, imo per xii. potest Gonorrhœa talis tolerari sine curâ; bene instituta vita; et tamen non multum mali faciet. Unde patet hic lenem esse ulcerationem, quæ magis in præternaturali *distensione* consistit, quam in *consumptione* suppuratoria.*

* See Prælect. Academ. H. Boerhaave de Lue Venerea, 1762, Lugd. Batavorum, from p. 131 to 134-5.

This quotation conveys but a faint idea of the order and judgement with which he has treated the anatomical structure of the parts, the different seats of the disease and its symptoms. His observations are too diffuse to be quoted at length, and too good to bear an abridgement without injury: I must therefore refer the reader to the work itself, only observing, that in his method of cure he was particularly attentive to the primary seat of the disease; and endeavoured without astringents, at a very early period, by frequent ablution, to cleanse the anterior part of the urethra. He conceived, that the discharge consisted principally of mucus which contained the venereal matter as a vehicle, and that by increasing this discharge it was to be carried off. This compound, in his opinion, was to be in due quantity, to flow freely, and suffered to remain as short a time as possible within the urethra; putridity was to be obviated, and the acrimony and virulency of the discharge corrected by such topics as had no tendency to

to check it. He endeavoured to produce relaxation by means of fomentation, and cataplasms of the emollient anodyne kind, and the warm bath. After due cleansing and expression of the virulent mucus, he allows of emollient injections, but they were such as produced no pain, and had no effect in checking the discharge; and even these were not employed immediately, but after some time had been previously employed in the use of the above means: to which he added dilution, rest, and the most scrupulous attention to diet and regimen. Under the circumstance of considerable Chordee, he recommends both local and general bleeding, more especially in an inflammatory habit.—I find from his Aphorisms, that he exhibited mercurial cathartics; but from his academical lectures it appears, he employed only the common lenients and draughts, of which he has given a great variety of forms. He says, what is perfectly true, that whoever is most successful in preventing a priapism, will also be most successful in the cure of

the disease. When for the removal of this troublesome symptom he found it necessary to take away blood from the vicinity of the part, it was done by opening a vein on the dorsum penis.

To say nothing of his purging course, which was fully as severe as that prescribed by Sydenham. He seems to have been too remiss in the evacuation by bleeding; for general, local bleeding, or both, are not only necessary in cases of high inflammation, but they should often form the substratum for other remedies, and that at an early period. If this be not done in all habits truly inflammatory, other appropriated remedies will have only a partial and incomplete effect. He has ordered nearly the same natural balsams as Sydenham, in the latter stage of the disease, but of the effects of bark and opium he was not, probably, acquainted. The early opinion of Brasavolus (as was before said) added to the authority of Sydenham, had great influence on his practice, in which he was not a little biased by the anatomical

anatomical researches of the age. He cultivated anatomy, as many well-disposed persons do at this day, with ardour; and expected to reap from this particular branch of science much more than it can give, either to the pathology or cure of this disease. But his directions in the first stage of Gonorrhœa were new, and worthy the attention of all subsequent writers. He added much; but had he made only this addition to our knowledge, he would have deserved no small share of praise.

In Astruc may be observed a knowledge of anatomy sufficiently correct, well applied to the main subject; and a more extensive acquaintance with the nature of the disease, and effects of remedies.

In the first stage he recommends the taking off inflammation by all possible means. He advises bleeding, in cases of phlegmonous and erysipelatous inflammation, as freely as in a peripneumony; and he seems never to have omitted this evacuation, even in other cases not so highly inflammatory. The drink was a cooling
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OBSERVATIONS, &c.

IN giving the medical treatment of Lues Venerea, properly so called, we have shewn that it was a disease highly infectious, of a very singular kind, and in general curable without much difficulty, by apportioning an indeterminate quantity, and the known effects of mercury, to its different stages. Inflammation, if we except, generally speaking, one or two particular symptoms, made no part of the disease, nor was it necessary to attend to it in the treatment. The curative indications were principally fixed to infection, and to the most obvious means of counteracting and destroying it.

But in *Gonorrhœa Virulenta* the road is by no means so easy, nor is the treatment so simple. For admitting the syphilitic origin of this disease, we have in the cure inflammation as well as infection to struggle with; and when in this combination it be remembered, that the remedy for infection is not always, not only, no remedy for the inflammation, with which it is most frequently blended, but in many habits diametrically opposite to such affection; it will be clearly perceived that the management of this disease will often require, both on the part of the patient and practitioner, much care and attention. It is from this combination of what I conceive to be two contrary principles that I shall endeavour to shew, although mercury be the only remedy in a Pox, yet, when applied to the system it is no cure for those high inflammatory symptoms which too frequently mark a Clap; and that the latter, in its character, approaches much nearer to the nature of an acute inflammatory disease, than the true *Lues Venerea* already described:

scribed: in that, I have endeavoured to shew, that mercury cured by its specific effects, but in this disease those effects tend rather to relieve, under certain circumstances, than to cure;—rather assisting nature, and other means, than actually accomplishing a cure, by its antivenereal power.—When I say this, I confine the assertion to its action on the system in general, with a reference to the natural cure and particular habits.

It is worthy of note, that from the first appearance of Gonorrhœa as described by writers on syphilis, to the present time, it has not only been frequently but successfully treated in many different ways, without any other than an imperfect theory having been formed, as a foundation for practice. The old idea of Bravovolus, that the discharge consisted pituitosæ materiæ pravâ qualitate gallicâ affectæ, has been adopted by many of the subsequent writers, and even by Boerhaave himself. That it was, and is a modification of the venereal disease, has been believed, either tacitly or

avowedly, not only by him, but almost by the unanimous consent of all practitioners living or dead since his time. A doctrine so generally received is probably well founded, more especially as a late experiment, though it may not give entire conviction as to the truth of the more ancient opinion, yet tends to confirm it. And what should be fairly put in the same scale is the fact, that the general effects of mercury under certain states of the body (as I shall hereafter attempt to shew) seem to lead to the same conclusion; although these effects in Gonorrhœa may certainly be explained on other principles.

There appears to have been no small degree of inconsistency between the theory and practice of some writers on Gonorrhœa. For although they have considered it as a modification of the venereal disease, they have treated it as a mere catarrhus affection. Hence arose the use of such medicines as were supposed to operate particularly on what were called pituitous humours; and hence also originated their use.

use of drastic and hydragogue purgatives. So different, for a considerable period, was the established theory of this disease from the established practice! And even so late as the time of Dr. Sydenham, if his natural history be compared with his method of cure, it will be found that he blended Gonorrhœa with Chancre, when in the same history he considered them both primordia of Lues Venerea; and that, although his practice in the cure of the two affections plainly contradicted such distinction. In short, the majority of the first and subsequent writers have believed what is probably the fact—that this disease is a branch of the Venereal. This idea they carried along with them in their descriptions of its history, and to that extent, that some of them have supposed it an internal Chancre, that is, a Chancre within the urethra; although, at the same time, had they attended to their methods of cure in Gonorrhœa, they must have known that the consequences of such supposed *internal* Chancre are very different from an *external*

one. For so long as the discharge in Gonorrhœa was suffered to continue, without any premature check, they might have perceived, that the disease would generally end happily, although daily experience shewed them that a common external Chancre was not to be cured by dint of purging, or by suffering such Chancre to pursue its natural course simply, or under that kind of treatment.

If it be asked, How it has happened, that under a theory so vague, and a practice so irreconcilable to it, cures could have been conducted for more than two centuries; I answer—That from the mere contemplation of symptoms, when joined to a very moderate acquaintance with the effects of medicine, cures may be effected in many diseases, but more particularly in this, which has a natural cure of its own. For here the operations of nature being generally stronger than those of art, will go on, though the theory be defective, and the practice unscientific, and even under these disadvantages ultimately prevail. But
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in order to this it seems necessary that the means of relief should not absolutely counteract this salutary work of nature; and this may be one reason at least why this disease has been so often cured in a great variety of different ways.

In the early stage of a fever there is sometimes no small difficulty in determining its true character; but in the treatment of Gonorrhœa there can seldom be the same kind of embarrassment. For admitting it to be the offspring of infection, its general character appears to be inflammatory; as is evident, when the disease is fairly formed, from its most striking symptoms. The difficulty of cure most frequently depending on the degree of existing inflammation; and when from the nature of the habit there is little or no inflammation, or when the inflammation has been sufficiently moderated by art; in both cases the symptoms are comparatively milder, and the disease more easily cured, than under opposite circumstances. And mercury in such cases, and under certain other cir-

B 4 cumstances,

cumstances, whether it be applied locally in the way of inunction, or whether it be given by the mouth, will have a very good effect in forwarding a cure; and that in much smaller doses than will be wanted to check the progress of a Chancre, or any other symptom truly Venereal. I have often observed a few grains of calomel, and a very small quantity of ointment, terminate a Gonorrhœa, though no sensible operation has been produced by it on the mouth or general system. An effect so different from what occurs in the cure of Chancre and other venereal symptoms, that it is with me a doubt on what principle mercury thus acts in Gonorrhœa, whether as an antivenereal, or as a promoter of a well-digested, kindly increased secretion.

If it be true that mercury in Gonorrhœa acts most safely, and with the greatest certainty, when there is but a slight degree of inflammation; and if the relief it gives be generally produced by using it in small quantity, and without those powerful general

neral effects which we have shewn are necessary in the cure of Lues Venerea, it may be successfully employed in this disease, without agitating further, or pretending to settle the nature of the gonorrhœal infection. These are practical facts, which may stand alone without the aid of any theory, and be attended to, whether the disease be, as has been generally believed, a branch of the venereal, or not. Practical knowledge, when supported by a theory perfectly unexceptionable, and repeated experiment, may be considered as forming a complete system. It would be extremely easy, by falling in with the opinion of the day, to fabricate such a system. But as our present knowledge of the nature of gonorrhœal infection seems to me imperfect, I must depend principally on practice for a solution of some of the difficulties attending the treatment of this disease. The only kind of theory attempted has been a natural history, as correct as my observations have enabled me to make it; and all I shall now add will be

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be a careful and faithful narration of the effects of medicine in counteracting and curing such disease, as far as those effects have appeared clear and decisive. And this mode of cure I must adopt, without pretending to determine the specific nature of the disease treated.—If any one should be surprized at this avowal of my ignorance, or, *at least*, uncertainty, I beg of him only to reflect on the treatment of the Small-Pox.—How it has been for ages well known. Physicians have at all times, from the days in which it was first described by the Arabians, been well acquainted both with its usual symptoms and its cure; which cure, in the variety of hands it has successively gone through, has been gradually enlarged and improved. But we do not even now know the specific nature of the infection; nor have we any medicine that deserves the name of a specific in its cure:—and yet cures have been attempted, and success obtained, not by any correct theory or notion of the infection itself, but by a sedulous and unbiassed attention

attention to the progress of the disease in different habits;—to its obvious symptoms in different stages, and to the no less obvious effects of medicine on these circumstances. If we had waited for a correct idea of the nature of the variolous infection, we had been still to seek for a general mode of treatment in the natural Small-Pox; and still, without the immense advantages justly attributed to Inoculation.

What I take to be the general character of the *Gonorrhœa Virulenta* was not for many ages known; and Dr. Astruc was, I believe, the first man who, by joining the low antiphlogistic plan of the French to an after mercurial treatment, proved, that a combination of two very different kinds of effects would produce a cure. And to him, whatever other opinions may have since been adopted, we are much indebted. Before his time, writers do not seem to have understood that infection could produce inflammation, and that the continuance of the latter would keep up and
 prolong

prolong the disease; nor to have believed that inflammation is the great agent in giving to gonorrhœal infection so much force and irritation as it really does.

The discoveries in regard to the effects of a cooling, purging, and antiphlogistic plan in checking the progress of the eruptive symptoms after Inoculation for the Small-Pox, and thereby lessening the number of the pustules, were till lately unknown. And though Sydenham, with his usual sagacity, particularly taught, that this disease was of an inflammatory character in its first stage, and had in consequence of that idea recommended a cooling regimen; yet the obvious application of a similar doctrine to the Gonorrhœa has not (as far as I have been able to inform myself) been hitherto made. Although all the early and remote infortunia in Gonorrhœa shew at once the justness of the principle and parallel; and prove, that they are the consequences of inflammation ingrafted on infection: of course the principal means of relief must be derived from
such

such medicines and treatment as are capable of appeasing inflammatory irritation in the first instance, and infection in the second. Why does a hernia humoralis—an inflammation in perinæo, or at the neck of the bladder, ever arise in Gonorrhœa? From inflammation having been translated or extended to these parts. What are the first means of relief? Antiphlogistics: which, by reducing the inflammation, leave the Gonorrhœa in a state or situation very similar to that in which it was before the commencement of those accidents, with the irritability and tension of the urethra greatly lessened, and a return of the discharge. Therefore the fair inference is, that if no particular irritation, whilst the disease was pursuing its natural course, had been applied in such cases, and that natural course had not been checked, (more especially if antiphlogistics had been employed from the beginning,) these accidents, most probably, would never have happened.

Having

Having already fully shewn the foundation on which the received theory, that the Gonorrhœa is a branch of the Lues Venerea, rests, without attempting to decide either on the one side or the other, I shall leave the question to be hereafter more fully and satisfactorily settled in the way formerly pointed out; and having no where endeavoured to maintain that I was not a believer of the general opinion, or saying more than what amounts to this—"That such opinion has been admitted without sufficient proof:" I shall proceed to practice on the basis of natural history, and shall endeavour, in the treatment of Gonorrhœa, to pursue the plan long since laid down by Sydenham, for extending the knowledge and cure of diseases in general. I am induced to this, not only because I think the plan a good one for this particular disease as well as others, but because some respectable practitioners seem to me to have departed from the old road too inconsiderately, without having been able to find

find out or recommend a better. With respect to our present subject, as well as to some other parts of surgery, it may be said, that if the natural history of this disease, and the effects of medicine in its cure, had not been lately too superficially treated;—if anatomical and physiological researches had not been substituted for practice, and employed with little advantage in the investigation of its nature;—if we had not been for some years amused more with hypothesis, speculation, and refinement, than with such practical facts as have been known and long proved, we must have had in this disease, from so extraordinary a man as the late Mr. John Hunter, something like the *Praxis stabilis et consummata* of Sydenham.

Amidst a great profusion of curious but extraneous matter, from a great number of useful anatomical, philosophical, physiological, and medical observations, contained in Mr. John Hunter's work on the Venereal Disease, I fear the student will in vain search for that steady and decisive practice which

which may be said to be the perfection of the art. If this gentleman had attended to the practical truths promulgated in many different authors, both in this and the two last centuries, we should probably have had in this celebrated work less theory, but more practical knowledge.— This critique will apply not only to his treatment of Chancre and its consequences, but to that of the *Gonorrhœa Virulenta*, in which he has depended too much upon nature, without attempting to assist her by art; and that, although he admits the disease to be the effect of venereal infection.

It would be a tedious and laborious task to enumerate the several ways by which the cure of this disease has been attempted in different ages. After passing over a number of other writers, I shall therefore only take a cursory view of such modes of treatment as have been handed down to us, under the celebrated names of Sydenham, Boerhaave, and Astruc. I am induced to this, to shew that they were not only able to cure it effectually,

ptisan, taken in large quantities; the bowels were kept open by lenient purgatives, or by clysters with cassia. If the inflammation did not give way to these means, an emulsion was employed freely, *cum Sal. Prun.* and an opiate added to each dose; which dose was never less than half a pint, and often repeated.—If neither the ptisan nor emulsion would agree with the stomach, he gave water *cum Sal. Prunell.* and if, notwithstanding these means, the disease gets ground, (which he says can never happen but from the great intemperance of the patient,) if the urethra be highly inflamed and troubled with Chordee, &c. fomentations, cataplasms, and an injection of a small quantity of *Sacchar. Saturni* are to be used; he also gave this powerful medicine, as well as *Camphor*, internally.—To the latter there can be no objection; but to the former, though also recommended by the great Hoffman, there certainly is.

In the second stage he employed the *Ung. Mercur.* locally, but so as not to

affect the mouth; and he preferred it to mercurials given internally. His mode of inunction was to rub it into the whole of the pudenda, every third or fourth day. His purgatives, which were sometimes employed with, sometimes without, inunction, were constantly of the lenient kind.—In the third stage he employed the natural balsams, with a milk diet, &c.

There can be no doubt that, under circumstances of considerable inflammation, an antiphlogistic plan is proper during the the first, or, indeed, in any inflammatory state of the disease: but I do not find that he depended at all upon topical bleeding, and this will frequently be of the greatest service in this disease, when bleeding from the arm would not be admissible.—The French name of ptisan does not alter the nature of a diluting liquor; and the work of dilution may go on under that form, as well as under any other.—The addition of an opiate to the emulsion is useful, and perhaps a small quantity of *Sal. Prunell.* may be allowed; but the admission of *Sacchar.*

Saturni into the urethra as an injection, under the circumstances mentioned, can hardly be said to be safe,—unless the solution be so weak and so nicely adjusted as to afford its sedative without its astringent effect,—an idea which I believe he never entertained; and he seems not to have been at all acquainted with the power of bark under certain circumstances of irritation and weakness in this disease.

The practice of different countries is often different. Whether the bowels be kept open by a medicine given by the mouth, or a clyster, which is more universally the custom in France, the intention aimed at is nearly the same in both countries; but the French practice has here an advantage over the English—relaxing, cooling, and allaying irritation by its local application, in a way that no purgative given by the mouth can possibly affect. But though this was his practice, it does not appear that he knew accurately the good effects of a warm bath.

He says, when the disease becomes milder from the use of medicine, it was cured in a few days, the circulating fluids were restored to their natural course, and the inflammation (of what he calls) the seminary receptacles was dispersed; the scalding of the urine, heat and pain of the parts, disappeared suddenly, and the patient was so perfectly restored to health, that he began to doubt whether he had even been troubled with a Gonorrhœa.—Whether our learned author was induced to make this remark from the contemplation of the whole of his practice in the first and second stages, is difficult to say; but I can assert from experience, that when in the first stage of the disease, bleeding, the warm bath, and dilution have been properly enjoined, and care taken to keep the belly moderately open, during the use of that great appeaser of irritation, opium, an effect somewhat similar has frequently followed,—without nitre or camphor, without injection, and without the internal or
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external use of *Sacchar. Saturni*.—I mean when the patient has at the same time cooperated with the plan, by keeping himself properly quiet at home, avoiding exercise, women, wine, and other obstacles.

If an antiphlogistic plan be generally necessary in France, a country in which the common food of its inhabitants is neither so gross, nor, generally speaking, so stimulating as in England, the practice will apply more forcibly to the natives of this country than to that. At the same time, in most other diseases, as well as this, the French carry the use of the more powerful antiphlogistics to an unwarrantable length.—However, a great deal of our ill success and embarrassment in curing this disease has depended, I fear, on our remissness in this particular. It has been too frequently considered as a trifling complaint, requiring but little restriction to diet, and still less to regimen and medicine. The early symptoms have but seldom been speedily and properly counteracted; they have been suffered to establish

themselves without a sufficient check, under no confinement whatever; and hence has arisen much tediousness and perplexity in the subsequent states of the disease. The prevention of all, the early as well as late accidents in this disease, turn, in a great measure, on the knowledge of these circumstances. In truth, it should be treated with the same care and circumspection as other acute inflammatory diseases; and this treatment is required more particularly at an early period in this, because its character is both infectious and inflammatory, tending generally, without any mixture of debility or putridity, to the genuine effects of inflammation.

In practice there are some things to be noted, arising from the action of medicine, under particular circumstances. For example:—If I was desirous of using mercury, bark, or balsamics, in any one stage of the disease, it would be of consequence to determine, previously, whether they were to be employed alone, without a preceding antiphlogistic treatment, or not.

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There are many cases in which they would be highly efficacious after such treatment, though they have, generally, a very different effect in similar cases, when that precaution has been neglected.

It is always necessary to know whether the patient has ever been injured before; what the nature of that injury was; whether followed by stricture, hernia humoralis, or any other accident. It is also of consequence to learn whether he has been subject to complaints of the bladder and kidneys. For these affections give a predisposition to irritability, inflammation, and suppuration, which would have no existence when these viscera are sound.

There are other variations arising from age, habit, temperament, and the season of the year. A young or middle aged person, if not of what may be called a very weakly phlegmatic temperament, will most frequently, when the disease has subsisted for a few days, have a white tongue, a pulse somewhat quickened, and an evident appearance of more or less inflamma-

tion. These circumstances are too often attributed to exercise, the weather, drinking, &c. but though these may occasionally co-operate, they are more generally produced by disease. They are most conspicuous in the sanguineous temperament, with florid complexion and light hair; and in persons who have dark hair, with strong vigorous constitutions. In contradistinction to these, there are habits but slightly disposed to inflammation, in which the discharge is great, and the local irritation, when compared with the former habit, slight. I have touched so far on the nature of temperaments in conformity to the common language of medicine:—literally speaking, in Gonorrhœa there are habits disposed to inflammation, and there are others which are not. In the latter, the discharge is copious and thin, the parts get unloaded, if it be suffered to continue, sometimes without any, and sometimes with very little attendant or subsequent irritation and inflammation: in such cases, bleeding is certainly not indicated; and
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though I am a strong advocate for this evacuation in the opposite temperament, or when there is considerable local inflammation, I allow that other remedies may have the preference here. In short, mercury alone, almost in any form, and with very little assistance from other collateral means, will effect a cure; and perhaps so favourable is the copious discharge and habit to a cure under these instances, that the slightest purgatives, with a regimen hardly different from that which such habits are accustomed to, will suffice for the removal of the disease. But I must at the same time remark, that to check this discharge by any means *whatever*, before the parts, which have been, like a sponge loaded with water, gorged (if I may so say) with a fluid of some kind or other, may even, in the most favourable habit, be the means of producing a metastasis from the anterior to some other deeper and more remote part of the urethra.*

* Vide Vol. I. p. 197.

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There not only exists this difference of temperament, but in each of them may be found another variation depending on a constitutional disease, — the scrophula. When a person labouring under a Gonorrhœa is subject to redness, tenderness, and increased secretion from the eye-lids, — has a thickened upper-lip, or redness, tenderness, and increased secretion from the glandulæ odoriferæ, such person will probably suffer more, and be cured with greater difficulty, than another who has not any of these affections, and that, whether his habit be weakly or robust. The course of the seasons has also an effect even in this disease. Hot weather tends to make the discharge considerable, acrimonious, and the inflammation great, and in the spring, or beginning of summer, the tendency to inflammation, whether of the phlegmonous or erysipelalous kind, will be most prevailing.

And lastly, amongst all the other awkward circumstances, there is one very troublesome still to mention; — namely,
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irregularity on the side of the party, with respect to the connections the patient may have. A man in a fever, peripneumony, or dysentery, does not, when confined, place himself in circumstances liable to increase, or renovate, after a partial cure, the original disease: but amongst the vast multitude of persons who have Gonorrhœa, the practitioner has no hold, no tie whatever, unless the person afflicted be really of probity. When that is the case, under the faith of mutual confidence, a dependence may be made both as to the appearance of symptoms, and the effects of medicine; but without it all order and power of discrimination is annihilated, or at best rendered very doubtful.—I will not enter into the matter how far, by a fresh renewal of infection during a Gonorrhœa subsisting, such Gonorrhœa can be exasperated; but this may with truth be said, that infection of the chancrous kind may, by a fresh connection, be superadded to the gonorrhœal one:—that is, a man having already a Gonorrhœa alone, may, by a subsequent

subsequent connection, gain also a Chancre, or chancrous excoriation, in addition to what he had before;—and even if he escapes that accumulation of disease, the simple circumstance of indulging in a connection *with a clean person*, will, at any rate, add to, rather than diminish the irritation that was remaining from the original complaint.

The Gonorrhœa Virulenta may be divided into two stages. The first of these commences with the most early symptoms, and may be said to end at that period, be it early or late, when the inflammatory symptoms, (among which the Chordee is included,) have passed their height, and are subsiding, or beginning to subside. In the first stage, therefore, I distinguish a tendency to inflammation, an inflammation increasing, the height of that inflammation, and the commencement of its diminution.—The second stage may be dated from this beginning to subside, to the perfect removal of the inflammatory symptoms, and cessation of discharge from
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the urethra. In the first stage, the symptoms are daily increasing, with more or less rapidity, to an uncertain degree of violence. In the former part of the second stage, although the disease has passed its height, yet there remains a degree of irritability with inflammation, still subsisting in a diminished state, but with a disposition to increase upon the application of any irritating cause whatever. In the second part of this stage it is more diminished, and the principal symptoms being gone, there remains only the Gleet.

I must remark, that each of these stages not only requires a different mode of treatment, but the treatment must quadrate with the variation of symptoms, at the different periods of each stage. To consider this matter in a general way only, if a question be made whether mercury, or an injection, should be used in the *second* stage. It will make a considerable difference whether they be employed at the beginning, or towards the close of this stage; whether during the subsidence of the Chordee,

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dec, or when it be actually gone. So with respect to the *first* stage, the difference will be as great, if not greater. Particular injections have been employed before the inflammatory symptoms were fairly formed, and they have in some cases anticipated, and sometimes lessened the violence of subsequent symptoms. The very same means of relief would probably have been inadmissible at the latter end of this stage, when the disease had gained its height.

From these instances, therefore, it will appear, that a great deal will depend not only on knowing the general symptoms which occur in each stage, but the beginning, middle, and the end of the two stages are marked by circumstances extremely different.

Agreeable to my plan for the treatment of this disease, an endeavour will be made to shew the utility of a certain set of principles, or practical truths, which, when properly combined, may be said to form a method of cure applicable to every stage of the complaint; in which
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the discharge is no otherwise altered but by the general operation of medicine, and in which no injection of a specific or astringent sedative kind is used. This method, taking in all its circumstances, will cure the worst and most inflammatory cases; and though it be applicable principally to these, yet by a judicious selection from it, cures may be effected in other cases, not so strongly characterised with respect to inflammation and virulency. It is therefore, as *a whole*, applicable both to inflammatory and other habits; but the variation of habit and circumstances requires judgment in the selection or arrangement of its several parts or principles for medical use. And to this species of knowledge no man, not professionally educated, can be equal.

This method is a general one, standing on the foundation of being in no instance opposite, or irreconcilable to, the best established theory of the disease. In the combination of Gonorrhœa with Chancre, chancrous excoriation, or venereal Bubo, it is as safe and unexceptionable as in the
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simple Gonorrhœa.—And as, by due attention to the principles of this method, the late and greatest infortunia of the disease may be obviated; so is it, the method to which, in the last resort, application must be made in the most early; whether these infortunia arise, during the natural progress of the disease, from the effect of habit, irregularities, or any other cause.

Secondly—I shall endeavour to note the circumstances in which the disease may be cured by mercury alone, without injection.

Thirdly—I shall consider injections of various kinds, as a means of relief, and what I have hitherto observed concerning their properties, the cases in which they may be employed with advantage, and those in which I conceive them detrimental.

These methods are widely different, and yet they will all, *under certain circumstances*, cure. The defects, as well as the advantages of each, I will endeavour

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to point out and shew, that the disease will with most success be cured, not by a slavish reliance or over-fondness for any one of these methods, but by a judicious combination of the powers of each; properly adapted to time and circumstance.

The first thing to be attended to after a suspected connection is cleanliness. The prepuce should be withdrawn, the whole of the glans, the parts behind it, and the internal surface of the prepuce, should be well washed with water, and perfectly cleansed. This will be best accomplished with a sponge; and the operation should extend not only to the whole of the penis, but to the pubes, testes, and perinæum: afterwards, a bath, moderately warm, may be employed for the same purpose. The same attention I conceive to be necessary, not only thus early, but throughout every stage of the disease,—with this exception only, that in the last stage, namely, that of Gleet, cold may be substituted for warm ablution. And this advice with respect to cleanliness is more particularly

necessary in warm climates, and in hot weather. — Women who have suspected connections should be particularly careful in this recommended ablution, and may, by a proper syringe, wash themselves perfectly; and in men the ablution may be made more useful, by injecting water moderately warm into the urethra.

The second article, in our first method, is bleeding. The well-known inconveniences arising from inflammation in this disease, shew sufficiently the frequent necessity of employing evacuations in its cure. As in every Gonorrhœa there is a mixture of inflammation as well as infection, and as the former is probably the more active principle of the two, both in prolonging the disease and increasing the violence of the symptoms; so the nature of the evacuates, and the mode of their application, require a considerable degree of attention. The most superficial view of the natural history of the disease will clearly evince, that how trifling soever its first appearances may be, yet in a few days, and sometimes in a few hours, a progress of inflammation

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tion commences, which frequently, in its subsequent stages, cannot be checked without great difficulty. It is therefore of moment that these means of relief, I mean evacuations, be employed as early as possible; and if it can be done even before the usual time that the inflammation, heat of urine, and Chordée, naturally shew themselves, it will give great efficacy to the subsequent treatment, be that treatment what it may. Prevention is at all times, when it can be effected, desirable; and if, by these means, the inflammatory symptoms can be anticipated, or rendered milder than they would otherwise be, the disease will run through its stages without violence, and readily yield to the proper remedies: the evacuations, therefore, should be as early as possible.

As soon as it is clear from all circumstances that the disease is a *Gonorrhœa Virulenta*, there are very few habits in which it will not be necessary to bleed from the arm. The quantity to be taken away, and the propriety of repeating it or not,

must be discretional. It may be employed in a preventative sense, to obviate or lessen symptoms which would naturally take place without it, and as a foundation on which the subsequent treatment must be built, and should be very seldom omitted. Its effect is immediate; it is subject to no accidents on the part of the patient, and has a very extensive influence in forwarding the cure.

If the inflammatory symptoms should be particularly violent, blood may also be taken away by leeches from the hæmorrhoidal vessels; and this may, in some cases, be substituted in place of bleeding from the system. The general state of the patient determines to what extent this evacuation should be pushed in most inflammatory diseases; and the rule may, with some restriction, be adopted here. When the system in general is affected, and such affection is indicated by a febrile pulse, a white tongue, considerable local inflammation and uneasiness, there can be no doubt as to the propriety of bleeding. And

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I have the strongest reason to believe, that the same kind of relief, in some habits, is also indicated, when the system is not apparently affected, simply from the evident appearance of inflammation on the part, and the known inflammatory character of the disease. For how slight soever the inflammation may be in its most early state, we know from the natural history of the disease that such inflammation must sooner or later increase, and ardor urinæ with Chordée subsequently follow;—at least, this is the general progress. If, therefore, the circulation be lowered before these symptoms have fairly established themselves, they will prove infinitely milder in their course. We do not attempt the absolute cure of the disease by this kind of remedy, but we may certainly moderate it: and in this, as in some other diseases, to moderate is to assist nature in the cure.—Infection may, and probably does, act as the primary cause; but inflammation is the great agent in rendering that infection more virulent, the symptoms less manageable,

and the disease itself more difficult of cure. Added to which, under the circumstances of a considerable and increasing inflammation, mercury, by whatever principle it may act in Gonorrhœa, will probably do more injury by its stimulus, than good by counteracting infection.

In some tender weakly constitutions, the evacuation of a small quantity of blood from the hæmorrhoidal vessels may be preferable to bleeding from the arm. But if it be remembered that men do not generally contract Claps but when they are not only in good, but most frequently in high health, there can be but few cases in which topical bleeding will claim the preference; and there are still fewer, in which some blood may not be taken away, either from the system, or locally.—These cases are principally where the constitution has been weakened by other diseases, either prior or subsequent to the acquired Gonorrhœa.—I do not mean to deny the superior utility of topical to general bleeding, in particular inflammations, and in some lax habits,
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when the system in general is not affected. But as many will not submit to topical bleeding in Gonorrhœa, it is generally much safer to take a moderate quantity from the arm, than to omit it altogether.— On the contrary, when topical bleeding is submitted to, it may in some cases be powerfully assistant to bleeding from the arm; and in others, it may very properly supersede it. If, according to these rules, persons labouring with a true, unequivocal Gonorrhœa, (and I do not call every slight running without inflammation by that name) were treated, in the first instance, with one or other of these evacuations, as the foundation for other remedies, we should find this one of the easiest diseases in nature to cure.—Will any man say that the operation of mercury, whether locally or generally applied, is more safe in an inflammatory disease, when no evacuation of this kind has been used, than when it has? Will he say, that the *Bals. Capivi*. or other medicines of the stimulating terebinthinate kind, are as safe where this

evacuation has not, as when it has been employed. Or will *Opium*, or injections of any sort or kind, act with equal safety or certainty, when this evacuation has been omitted, as when it has not? Or can it for a moment be supposed that a disease, every symptom of which marks inflammation in the strongest manner, can always pursue its natural course without interruption or trouble, when these powerful aids are wholly withheld? Are there not many causes of irritation, all of which tend to keep up inflammation subsisting in the urethra during the progress of this disease? And is it not clear that these, in order to succeed in the cure, must be counteracted in the first instance?

The second kind of evacuation necessary in Gonorrhœa is purging. With regard to the extent to which it may be carried, I think it sufficient if the bowels be kept moderately open; and that in our choice of purgatives, the lenient, as being more cooling, be preferred to the drastic, or even to those of the hydragogue kind.—

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The saline purgatives have frequently been employed for this purpose; and they would be very useful, if they did not probably increase the stimulating power of the urine, by adding to its salts. To render this inconvenience of less consequence, they should, when used, be dissolved in a large proportion of water, and the drinking plentifully of diluting liquors should be particularly insisted on, even to the night after, as well as the day on which they are given; and if thin water-gruel, or barley-water, cannot be had, plain water will answer the purpose, though less effectually. As to other lenient purgatives, if the bowels are easily moved, there can be no difficulty in the choice; but, if otherwise, their operation may be quickened by the addition of a more powerful evacuant. When the use of this class of medicines in Gonorrhœa is mentioned, I do not mean to lay the stress on them which Sydenham, Boerhaave, and some other writers have done, but must insist on it, that they are, to a certain degree, necessary during the inflammatory

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matory states of the disease; not only to obviate repletion, but to counteract the constipating effects of a remedy of no small moment in the cure, I mean opium. —And when the treatment is not conducted strictly on an antiphlogistic plan, or when bleeding and other means of lowering the subsisting inflammation have been entirely omitted, this kind of evacuation becomes the more necessary. For there is a very material difference, whether it be employed in aid to the general plan now recommended, or whether it be so far depended upon as to be the *only* evacuant.

On the article of dilution very great stress has been laid, and, I think, justly. It has been adopted not only as a mode to dilute the salts of the urine, thereby rendering it less stimulating, and not so apt to cause that kind of sensation in its passage along the tender and denuded surface of the urethra, called heat of urine, but dilution has been said to answer the purpose of an injection, and that not only partially, but generally, throughout the
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whole passage of the urethra. Its utility as a mode of relief in this disease, is certainly well founded; but it is only one of the means, and should not be depended upon alone:—generally speaking, it cannot act fairly without other helps. For instance, in full, young, plethoric habits, with great inflammation, it would avail but little, without the foregoing evacuations and other parts of our general plan. And the same may be said of demulcents when mixed with diluents: they will all of them shew some degree of power in alleviating the painful symptoms of Gonorrhœa, even when used alone, in habits rather irritable than inflammatory; but they are most useful as assistants to the more powerful means of relief:—and all I need add, is, that they appear to be necessary parts of the general treatment.

Under the head of Relaxants, may be comprehended two kinds of remedies—the one internal, the other external.

The internal relaxants consist of anti-

emetics, or in smaller doses, so as to act more constantly on the skin. The former method has not had (as far as I know) any place in Gonorrhœa. But, perhaps, if a powerful revulsion should at any time become necessary, *Tart. Emetic.* or *Pulv. Antimon.* might be given with advantage, so as to prove emetic. But they seem to be more generally indicated in small doses, and during the height of the inflammatory symptoms, when called in to assist other means of relief.

The great utility of the warm bath in Gonorrhœa, is not to be imagined by those who have not fully and fairly practised it. —If bleeding,—if purgatives,—if dilution,—if internal relaxants are ever necessary to quell the more refractory symptoms of this disease, the warm bath must be more so. For all the former act on the habit, and by that general action tend to relieve the part affected; but this is a remedy which immediately and directly procures ease, lessening inflammation as well as irritation at the same time, much more
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by a local than by its general action, and that without deranging, in the smallest degree, the natural progress of the disease. Besides, it greatly forwards the cure, by relaxing the parts, and promoting or reproducing the discharge.

It may, frequently, be employed without a previous antiphlogistic regimen; but in all cases in which the symptoms are likely to run high, or in which they are troublesome, that kind of regimen should precede it. Having experienced, in numberless instances, its power of alleviating the symptoms with great celerity and certainty, I can venture to recommend it with confidence: and in many other cases, when the above regimen may not be so proper, from a tendency to weakness, or necessary, from but a slight disposition to inflammation, or other circumstances, it will be of singular service.— Under this division may be comprehended the partial application of warm water, whether locally in the form of fomentation, by means of bladders filled with
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the fluid and applied to the perinæum, or by immersing the part in the same fluid. These means are of less efficacy than the warm bath: they may, however, be had recourse to, when that cannot be obtained.

Of equal power with the foregoing is *Opium*. It may be given with the same precautions; and from the combination of this medicine with the warm bath, the good effects are often beyond credibility. There are some constitutions in which it does not agree perfectly; but with the precautions of a previous antiphlogistic treatment, with open bowels, even in these habits, it may be given with the utmost safety. It may be employed two ways; either by the mouth, or with oil and warm water, in the form of enema. The first being the most agreeable and convenient, may be generally used; but the latter when submitted to is infinitely the most powerful, not only as a relaxant, but as an appeaser of irritation. And it has this further advantage, of being applied to a surface
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in close connection with the bladder and diseased urethra,—namely, the rectum.

The foregoing means of relief are applicable to the disease till the Chordée is anticipated, greatly diminished, or gone; and their known medical properties appear well adapted to the most inflammatory stages and states of Gonorrhœa: and having ventured to say so much, I leave the more particular application of them to the discretion of those whose provincé it is to treat the disease. If my idea be just,—if in Gonorrhœa Virulenta there is a combination of two powers, namely, infection and inflammation,—and if the latter gives energy to the former, the proper management of the inflammatory symptoms must form a very important consideration in the cure. It is only necessary to repeat, that they should be suppressed early: and if the practitioner will take, as his principal guides, the habit, the state of the part, the time of the disease, and the season of the year, the means above mentioned will, I trust, be fully sufficient to answer the
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principal indications of cure. According to the existing circumstances, he may make choice of two or more parts of the treatment, he may combine them, upon a large and more extensive scale; and in the short period of a *few* days (if the exigencies of the case should require it) he may take in its several parts. But whether he takes in the whole or a part, all violent exercise should be avoided, lewd ideas should be banished from the mind, and the importance of quietude inculcated, under a cooling and well regulated diet.

There is nothing in the above plan that can have a tendency to stop the discharge in Gonorrhœa, prematurely; on the contrary, *this* continues in a more mild state than it was before, tending still more to keep down the future rise of inflammatory symptoms: and, in short, when under such treatment the Chordée is fairly gone, the reproduction of the symptoms is not an easy matter; nor perhaps possible;—so powerfully will the natural means of cure operate, after the above treatment, in checking their rise.

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Having considered the practice above specified as applicable during the first and most inflammatory stage of the disease, when the symptoms are increasing in violence progressively, till the Chordée is diminished, or nearly gone,—the state of the urethra thenceforwards leads to other indications. If mercury be used either externally or internally, this seems to me the proper period for its exhibition. It may be fairly presumed, that it may be employed with more safety and effect under a decreasing, than under an increasing inflammation; with more propriety after relaxation has weakened the vessels of the part, than when the action of those vessels is hourly getting more violent. In the one state, the stimulus of the medicine would be adding fuel to the fire;—doing more hurt by the irritation it would produce, than good as an antivenereal, ameliorant, or by whatever other principle it may be said to operate, acting with and augmenting the most painful symptoms of the disease.—In the other state, its application

will commence not only after those symptoms have been fairly lowered, but after a certain degree of relaxation has taken place, under the kindly influence of the natural means of cure; I mean, the increased secretion from the urethra.—So that in the one case there is inflammation operating against our endeavours to relieve by mercury;—but in the other, relaxation, diminished action, and a lessening irritability of the part, greatly operating in our favour, and counteracting the stimulus of the medicine.

When the inflammatory symptoms are considerably diminished by art or nature, and the disease has reached what I have called the second stage, mercury may, I conceive, even in the most inflammatory habits, be employed with advantage. The urethra is at this period in a state of irritation, rather than inflammation; the discharge is less acrimonious, but still requiring the help of medicine to make it more bland and more concocted. When this state of the disease is neglected, and

irritation is long kept up on the part, like a common sore of the skin, it will degenerate into a crude, ill-conditioned kind of excoriation, that may be followed by actual ulceration, tedious gleet, and the healing or contraction of the ulceration by stricture. Whoever reflects on the very delicate structure of the urethra, how easily its cells may be injured by long continued inflammation or irritation, will see that these consequences are neither impossible nor improbable. Early attention to the means of relief already mentioned, and adherence to some further observations I shall now make, will obviate these unhappy consequences.

The inflammatory symptoms of the first stage having subsided, and the Chordée diminished or gone, mercury may be immediately exhibited. It may be rubbed in, either to the perinæum, glans, or thighs; or it may be taken internally. And whether it acts by an antivenerical power, or as a promoter of a good and well digested secretion, the fact is, that at this period it

tends to shorten the disease. The smallness of the quantity necessary to produce this effect, inclines me to believe, that it acts rather as one of the *pus moventia*, than by its antivenereal power.—It is very well known, that two or three grains of *Calomel* given every night, for a few nights only, will frequently correct the discharge of external sores, and make those sores inclined to heal; and mercury seems to have the same effect on the mucus of the urethra, that it has on pus. It is of no great consequence in Gonorrhœa, whether, it acts thus, as an ameliorant or antivenereal.—We may be contented to know, that it relieves, without diving deeper. But it would be of great consequence to establish the fact, for the purpose of applying mercury to some other mucous surfaces.

There is another observation or two to be made on the subject of mercury in these inflammatory habits. The more perfectly and quickly the painful symptoms are mitigated or removed, by a previous, cooling, antiphlogistic treatment, the sooner may
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this medicine be entered upon, and the shorter will the time of cure be. It may at first be used in a full dose; that dose may be repeated at proper intervals, but it is not necessary to affect the mouth. And though I have mentioned the first part of the second stage as the most favourable for its action, yet when the above plan has produced a certain freedom from the more painful symptoms, the regular progress of the disease being shortened, its application may frequently commence at a more early date. The intervals between the frictions may be long or short, according to the predisposition to a ptyolism; but the quantity used at each friction should be a full onc.

But to return.—Even in this state of the urethra, a cooling regimen, with quietude, is necessary, although by no means to the same extent as in the preceding stage. There should be an interval of a day or two between the frictions, to prevent an unexpected affection of the mouth, and mercurials internally may be given in small

doses ; and during their continuance, the warm bath may occasionally be used, both to keep off local irritation, and to obviate the danger of a ptyalism.—The bowels must be kept from costiveness, and *Opium* still continued.—With respect to the exhibition of the latter, it may be employed either internally or externally, either by the mouth or rectum, but at night only. The urethra being now in a state rather of irritation than inflammation, that irritation should not be increased by intemperance, exercise, &c. How far it may be right to persist in a plan approaching to an antiphlogistic one, or to deviate from it, must be left to the practitioner. There is no laying down a general rule, applicable to all cases ; he must be guided by circumstances, and act accordingly. I must only remark, that when the previous treatment, described for the first stage, has been wholly, or almost wholly, neglected, and he is called to direct in the first state of the second stage, he may there, with great propriety, apply an antiphlogistic treatment more liberally, and
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before he attempts to use mercury. The intention here also is, by a cooling method of treatment, to bring the patient from an irritable and overheated, to a quiet and more secure state.

If under the above treatment the symptoms are daily declining, and the Chordée going, the irritability of the membrane (if the habit and other circumstances do not contra indicate) may be still more diminished by the *Bark*. It may be given in full doses, in quantity from half an ounce to an ounce, in the twenty-four hours. Should there be any circumstances unfavourable to its action, the former means may be continued *alone*, till the Chordee, ardor urinæ, and every other symptom denoting irritation, cease.

In addition to the general plan above specified, there are two classes of remedies yet to mention. The one of which has been often, the other seldom, if ever, employed in Gonorrhœa. Although, like other parts of the plan, they may be made to co-operate toward a cure, yet they are

in nature distinct from each other, and widely different.—By the one I allude to the various means we have of raising an artificial inflammation and drain, in the neighbourhood of the parts affected with irritation and inflammation; by the other, to the internal use of the natural balsams.

With respect to the first.—The well-known facts that the accidental appearance of a hernia humoralis, or the considerable enlargement of a lymphatic gland, checking the progress of the Gonorrhœa, and taking off the inflammation of the urethra in some cases, and the evident tendency these circumstances have towards curing the gonorrhœal affection, shew sufficiently the utility of the practice I am about to propose, and are hints which, though derived from accident or mismanagement, may lead to further improvement. If more powerful reasons be wanting, such may be drawn from the general and uniform practice of physic, which has been long in possession of a very good and safe way of taking off irritation and inflammation from

an internal part, by inflaming the skin, and producing a drain externally, as by the common blister; a treatment, which in many inflammations stands upon the most solid foundation, not only having place when some of the foregoing remedies have preceded, but having this singular advantage of being applicable, and every way competent to a cure, when these means, from weakness, are inadmissible. Perhaps the nature of Gonorrhœa may be such, that *Cantbarides* cannot be generally applied during the increase of the inflammatory symptoms, although I believe, in some habits, it may; yet when the tendency to Chordée is over, and rest, with a suitable regimen has been enjoyed, there does not appear to me any valid objection to its use. It is not only more safe, but more effectual when used externally in form of a blister, perinæo, than when given internally, in the way recommended for Gleet, by the late Dr. Mead. It is perhaps even safer than the free and unqualified exhibition of *Bals. Capivi*.

The means above described have generally answered my purpose fully, without having recourse to the raising of an artificial inflammation; but I am convinced, that there are many circumstances of the disease, in which, if submitted to, it would be of singular utility, by taking off that strong disposition to local irritation in certain parts of the urethra, which keeps up the discharge, and prevents the membrane from re-acquiring its natural healthy tone. —The other powerful means of diverting irritation from the surface of the urethra, namely, by issues and seton, are less exceptionable than blistering, not having the smallest tendency to stimulate the neck of the bladder. And either of them may be applied, with great propriety, in some obstinate cases, where there is a disposition to disease, more particularly if in the membranous part of the urethra, or neck of the bladder; and they will act powerfully in obviating a diseased prostate, by taking off, or rather assisting to take off, the previous inflammatory symptoms, where there is

is an affection of the prostate from irritation or inflammation, without diseased organization.

Of much less power, but of some use in Gonorrhœa, is the external use of *Vol. Alkali, Camphor, Sp. Vini Rectif.* and the acetous acid.—When the disease has been treated from the beginning with the precautions above described, it has hardly ever happened to me, that there has been a necessity for having recourse to the natural balsams. I am, notwithstanding, fully convinced, that they may be very instrumental in the cure. This class of medicines consists principally of *Bals. Capivi. Opobalsam Terebinth, Ven. è Cbio, Colophrony, Mastic, and G. Guaiacum.*—They have all of them a very considerable degree of power, not only in this disease, but in secretions or discharges from the mucous membrane of the kidneys, ureters, and bladder, of which, were it necessary, many proofs might be produced: but in Gonorrhœa I would confine their application to the middle and last period of its second stage.

stage. And they should not, I think, be generally employed in a full habit, or in large doses, without previous evacuation by bleeding, whether they be given to suppress a Gleet, or at a more early period of the disease. Their general mode of action will not only warrant this doctrine, but points out, also, the necessity of dilution, demulcents, the warm bath, and opium. They are certainly stimulants, in a very extensive sense of the word. Whoever has given *Bals. Capiv.* in full doses, must have found that, among other effects, it heated the skin and system universally, and in a few cases, when improperly exhibited, it has stimulated the kidneys to such a degree as to produce bloody urine, strangury, &c.

The above-mentioned observations are more particularly necessary in the use of this medicine; but they are not the only precautions. It should not be given largely, so as to stop the discharge hastily; and when given even in moderate doses, it should be enveloped in mucilage; and thus managed,

managed, the combination will frequently lessen and ameliorate the discharge in a gradual way, without stopping it at once, and without heating the system or kidneys too much.—There is one part of the action of these medicines which I believe is in a greater or less degree common to them all; but it was from the *Bals. Capivi*. alone that the fact was taken. I have known it repeatedly given, in the most unqualified way, without previous bleeding, without regimen, without dilution, without mucilage, in its crude form of balsam, dropped into water; and it has, in the space of a few hours, taken off the great ardor urinæ in the first stage of a Gonorrhœa, the discharge having been thereby partially or totally checked. And it seemed to have the power of taking off the local irritation in the urethra, principally by raising a general irritation on the skin and other parts of the system. We know, that a topical inflammation will sometimes be the crisis and cure of a fever,

but

but the reverse of that proposition seems to take place from the action of this medicine in Gonorrhœa. For the progress of the local symptoms is immediately altered, they take a different course, and the disease seems as if cured, by this new, diffused, commotion. If it be said that it has also an operation on the mucous membrane of the kidneys, ureters, bladder, and urethra, I acknowledge it has ; but the above effects it has also produced, when the more partial action of the medicine on these surfaces could not be distinguished. So far from controverting, however, its particular influence on these parts, I am satisfied, that long experience has established the efficacy of terebinthinated clysters, before the milder remedies of *Opium*, warm water and oil, were attended to. And that they have relieved in some calculous obstructions of the ureters and kidneys, when assisted by other means, I believe there cannot be the smallest doubt,—and that, though the discharge of mucus was considerable :

siderable: therefore, I make no hesitation in saying, the *Balsam Capaiv.* possesses a similar property, but in a superior degree.

Upon the whole, what may be said on the subject of these medicines in Gonorrhœa, is this:—They are endued with different degrees of power. The *Bals. Capaiv.* and *Opobalsamum*, are the best of the tribe, and in this disease the most efficacious. But they are medicines which should not be used during the early progress or increase of the inflammatory symptoms, nor till the Chordée has been fairly or almost entirely removed by other means, lest the discharge should be suddenly checked, and phlegmonous inflammation induced. In the application of these medicines, a great deal must depend on what has been the previous treatment. Under the plan now delineated, they may be frequently given with perfect safety and effect, even in a full dose, in the middle period of the last stage. But the safest way is to employ them in moderate doses, with a view to ameliorate and lessen the
secretion

secretion by degrees, without taking it away at once. I am convinced, they have a strong tendency to heal that kind of late excoriation to which the urethra is subject in Gonorrhœa. — Pifo, in his natural history of the West-Indies,* describes the tree producing the Balsam Capaivi, and his method of using the balsam.—He gave it internally with sugar, or oil, and injected it also into the urethra.—Of this last practice I have had no experience.

The plan of cure contained in the foregoing pages is so far regular, that it depends upon no equivocal or uncertain theory. It is founded, first, in the knowledge of the natural history of the disease; secondly, in the known effects of certain medicines; and lastly, the application of these effects, according to the date of the disease and existing circumstances of cases. As a whole it is principally applicable to persons of an inflammatory diathesis, who suffer

* Gulielmi Pisonis, de Indiæ utriusque re naturali et medica—p. 118.

not only in present, but in future, from the violence with which the disease very frequently proceeds during its most painful stage. There are cases so difficult to conquer, that they require a judicious combination of all the most essential parts of this plan; there are others, in which the practice should be modified, and followed with less severity of discipline. If the plan will relieve in the worst and most rebellious, the proper treatment of the milder and more manageable cases of the disease will easily be found; and no great degree of medical erudition is necessary to enable the student to make a proper discrimination.

In the first volume of this work it was said, that chancrous and gonorrhœal infection were sometimes united in the same person, from one and the same connection. Experience every day shews, that this double kind of infection does actually take place. In all such cases, as we employ no local means to smother chancrous ulceration, or check the secretion, the true

nature of the mixed malady must be soon ascertained; and if Chancre be combined with Gonorrhœa, it will shew itself, probably, within the time specified for the introduction of mercury in Gonorrhœa.— It may therefore be fairly said, that this is a safer way of treating the disease, than by any other means whatever, *merely local*. In this mode of cure, there cannot only be no improper suppression of gonorrhœal, but, what is infinitely of more consequence, no smothering of *chancrous infection*. And if Chancre, or chancrous excoriation, should appear during the progress of the Gonorrhœa, the free use of mercury must be the remedy, both for alleviating the present, and obviating future consequences.

How useful soever the above general method, either when partially or wholly followed, may be, I confess it is open to some objections. It is incompatible with a life of pleasure and dissipation. A man with a fever or pleurisy, I have said before, may be prevailed upon to confine himself,
to

to keep quiet, and submit to proper treatment,—not from choice, but necessity, because incapable of much motion or exertion. But as there are no such impediments in Gonorrhœa, the above plan, how strongly soever it may be indicated, may not perhaps find, among the majority of the diseased, a ready acquiescence. It requires, in its prosecution, more steadiness and restraint than they will readily submit to; it may, therefore, very possibly be neglected, although the propriety and utility of the thing is as clear and demonstrable, *when the urethra is highly inflamed*, as in any other inflammatory disease whatever. For this membrane, and all the parts connected with it, though certainly not so important in the animal œconomy as the lungs or pleura, are wonderfully delicate in structure, and being naturally so framed, are liable to great injury from inflammation.

All those persons who consider the discharge not as a symptom, but as the cir-

cumstance constituting the disease, will have another objection. They will not be easy till that discharge has ceased; and the sooner this happens, the sooner it is supposed they shall be cured. I wish I could say that such was the general fact. The above method is not to be compared, in point of speedy effect, with some other modes of treatment to be hereafter mentioned, in which local means of cure are employed; because, from the very nature of the above method, its operation,—though sure, is somewhat slow. A man who uses an injection over night, may, if he pleases, stop the discharge by the next morning; but no such sudden effect can be expected from this general treatment. I shall, hereafter, enter at large into the medical properties of some kinds of injection; and if the fact should turn out that the majority of them, rather suppress the symptoms, than cure the disease, though such suppression does not lead to consequences truly venereal, they are by no means

means safe, more especially as they sometimes tend to produce hernia humoralis, strangury, inflammation in perinæo, &c.

The above method is certainly not liable to any of the accidents attending the suppression of the gonorrhœal discharge, by means simply local. And it is worthy of due consideration in other respects. For it is principally by adopting the principles laid down in this method, that local means can be rendered safe and effectual in the first instance. And it is to the same principles, and to the above treatment *alone*, that we must have recourse, when injections have irritated too much, when they suppress the discharge too suddenly or violently, and when inflammatory affections follow such suppression:—a proof sufficiently strong of its extensive utility! If it be the only resource to which we can safely, in case of misfortune from injections, apply; and if the prosecution of it is not open to the same inconveniences,—so is it in many cases, probably, the most

secure method of treatment, when followed from the beginning.

In confirmation of the above doctrine, is it not a matter generally known and acknowledged, that some of the means of cure lately mentioned for Gonorrhœa, will in all catarrhus affections with high inflammation, cure without any injection? —If we except the circumstance that mercury is necessary in Gonorrhœa, and not in these diseases, the great outline of practice must, in many respects, be the same, for the cases are parallel.

When so much is said in favour of the method, or of particular parts of it, the reader will be pleased to remember, that it is applicable, as a whole, to the unequivocal Gonorrhœa Virulenta only, in a young or plethoric habit, with all the peculiar circumstances of genuine inflammation. By the term unequivocal, I do not mean every discharge from coition arising upon former injuries in urethræ unsound, or from accidents not venereal; but I mean a
disease

disease fully marked, in which, from appearances and symptoms, no doubt can be entertained of its true character. Many Gonorrhœæ, which are supposed to be venereal, are not so, and the discrimination, more particularly at an early period, is sometimes a very nice exercise of the judgement.

To corroborate what has been already enforced, I hope not with too much prolixity, I shall endeavour, in this place, to illustrate and strengthen the doctrine already laid down, still further, by explaining briefly the treatment of the more common early accidents of the disease.

*First, Hernia humoralis.**

The two first things to be attended to in this affection are, an accurate suspension of the testes and scrotum, by a proper bag truss, with an horizontal posture. These are so important, as in slight inflammations sometimes to effect a cure, almost without medicine; and are, on no account

* Vide Vol. I. p. 214.

ever to be dispensed with.—To these may be added cooling applications to the scrotum, *Cerat. Saturn.*—*Aq. Vegeto Minerale*,—*Acetum*, used cold in form of cataplasm, or applied through the medium of linen, &c. It is common to employ warm cataplasms, with fomentation, in many of these cases; but in the worst and most painful herniæ humorales, the *Acetum*, applied as above, with a little fine oatmeal or farina lini, and sweet oil, has answered my purpose better than any other application. Besides these local means of relief, bleeding, laxatives, a strict regimen as to diet, and the warm bath to relax the urethra and neighbouring parts, and thereby assist in reproducing the discharge, which has been either suppressed or checked, will, during the inflammatory state of the complaint be frequently necessary. The pain being gone, the inflammation considerably lessened, and discharge returning, mercury may be joined to the other means; and on that I have generally afterwards depended for the further
reduction

reduction of the tumified parts, and cessation of the discharge: which discharge should, on no account whatever, in my opinion, be stopped by the use of injections, *Bals. Capivi*. or the cold bath.—Tepid sea-bathing is much more safe and effectual.—In some cases I have known cataplasms and fomentations, in which *Hemlock* was the basis, of singular service, after the removal of the inflammation, both when used alone, and when combined with slight mercurial frictions, to the part or its neighbourhood.—If the hernia humoralis originates in an affection of that part of the urethra where the vasa deferentia open into it, or in any case where the discharge continues obstinate, or in small quantity, without the proper diminution of the testis or epididymis, a vesicatory perinæo may become necessary.—After this affection, the tumified parts seldom return to a state perfectly natural.

The second accident to be mentioned is tenderness and enlargement of the lymphatic glands, proceeding not from absorption

forbition of venereal matter, but from the extended irritation and inflammation.

The third, extension of the inflammation from the orifice of the urethra to the neck of the bladder, with a copious virulent discharge.

The fourth, inflammation, extending as in the last case, but with a diminished or suppressed discharge.

The fifth, inflammation in the posterior part of the urethra and neck of the bladder, from metastasis, discharge also suppressed, or considerably lessened.

The sixth, inflammation in perinæo: and,

The seventh accident, inflamed prostate gland.

In each of the above cases, *mutatis mutandis*, the appropriated remedies are the same—antiphlogistics, leeches to the hæmorrhoidal vessels, dilution, discutients, warm bath; *Opium* during the inflammatory state; and when that has been sufficiently diminished, to render the use of mercury admissible, this specific may be

employed either internally, externally, or both ways; but more particularly in the last case,—that of inflamed prostate, it should be used freely, if not as antivene-real, at least as a powerful deobstruent. If the mercury be urged even to a slight affection of the mouth, in all these cases it can do no harm, and may do much good.

The discharge, be it more or less, during the whole progress of the disease, may here also be left to nature, and the general effects of the means of cure.

When after the use of mercury the cure does not proceed in a favourable manner, the epispastic perinæo may have the happiest effect, not only in shortening the disease, but in preventing other consequences, as tedious Gleet, Stricture, &c.—and the excoriation may be kept up for some days.*

* For a more particular account of the various means of relief applicable to these cases, see our general method.

In the five last described cases, we have frequently not only a very painful dysury, but a difficulty of making water, almost amounting to a suppression, or, what is perhaps a more expressive word, a retention of urine; and the transition from this to an actual retention, is extremely easy, and may be readily produced by irregularity or mismanagement, more particularly where, at a former period, there have been strictures, or affections of the neck of the bladder; and in no case whatever are evacuations more strongly indicated, as a foundation for the cooling, relaxing, anodyne treatment, which is to follow, than this.—In no case is it more necessary to combine the different parts of the antiphlogistic treatment speedily and judiciously with that relaxation which is producible by opium and warm water; nor in any are there stronger reasons for the most early application of the proper means of relief, to obviate the alarming consequences of a tense, inflamed bladder.—These precautions

tions are more particularly worthy attention, from this further consideration—that when a suppression or retention happens in any of the above situations, it is not simply a suppression or retention to be presently and safely removed, as in some old men given to drinking, by the immediate or frequent introduction of a bougie or catheter, but it is a retention wherein the bladder suffers not only from distention, but from irritation and inflammation having extended themselves to it; which retention is literally the consequence of a previous and still subsisting disease in the urethra, rendered throughout extremely tender and painful, and likely but ill to bear, the introduction either of bougie or catheter. When retention takes place here, we have two distinct causes of mischief—the original disease, namely, the Gonorrhœa, which is still going on, and a secondary one, arising from distention, contraction, and inflammation of the bladder itself. Such being the state of the case, it is evident that the proper means of preventing

preventing this alarming symptom can only be obtained by combining the above remedies, employing them sufficiently soon, and centering their effects; to counteract the rapidity of the disease and symptoms, within as short a space of time as possible.

There is a point of time when the secondary affection (the distended bladder) may become the object of most attention, and require the cautious introduction of a hollow bougie, a flexible or common catheter. But when this is absolutely necessary it must be obvious, that the above previous treatment, although in particular instances it may fail in preventing the retention, yet is it the only means in our power of rendering the passage of a bougie or catheter tolerably safe. And it is equally clear, that our general remedies before recited must be the best sheet-anchor: for the operation of a bougie or catheter can go only to the single circumstance of unloading the bladder. They are not only no remedies for the disease,
but

but the introduction of them is frequently attended with pain, and sometimes with difficulty; and if the attempt to pass them fails, or much force is used, they may do mischief, and aggravate all the symptoms. The true cure of the primary disease, and of the retention of urine, which is its consequence, may most frequently be obtained by the means above mentioned; which, if used in time and with proper steadiness, I am confident would render the introduction of a bougie or catheter frequently unnecessary; and certainly, under the above circumstances, they should, if possible, be avoided.

To consider this matter of suppression or retention a little more fully, without enlarging further on it as a consequence or secondary symptom, whether arising from the extension of inflammation, metastasis, sympathy, or consent of parts, I shall first endeavour to shew the circumstances of such retention more particularly, and the operation of the general means of relief now recommended, as far as I have hitherto ascertained

ascertained them.—Whenever, in diseases affecting the bladder, a strong disposition to contraction takes place in its muscular fibres, whether there be much or but little urine contained in it, pain arises.—We find the pain and contraction great in the stone, and some other diseases, although the quantity of urine contained be small. With this kind of contraction we have here nothing to do. But in this retention of urine, pain arises principally from over distention of the bladder, which is an organ able to contain naturally a considerable but uncertain quantity of urine, without the sensation of pain; but no more: and the quantity it is capable of containing without pain, depends on the irritability of the bladder, and its greater or less disposition to contract at the time;—the continuance of the pain and contraction together producing inflammation. Upon these grounds the action of the remedies above mentioned may be accounted for in the case of a loaded bladder. The disposition to contraction is first weakened by the
 evacuations,

evacuations, it is still more diminished by the relaxing power of the warm bath, and the anodyne, antispasmodic influence of *Opium*: and the bladder, after suffering more or less distention, is brought into an atonic state. Its muscular powers no longer contract with the usual force on the contained fluid, and the sphincter becomes incapable of action, when, for a short time, the urine passes away slowly by drops, without the patient being able to prevent it; and thus the bladder is gradually unloaded,—ease and relaxation succeeding to pain and contraction. But to produce this happy effect, the evacuations, warm bath, and opiates, should be embraced as a combination of remedies; all tending to the same end, and in use so quickly made to follow each other, as to co-operate. This disease being rapid in its progress, and, if not speedily removed, too often fatal in the event, requires the concurrence of all these powerful means of cure, no one being effectual enough to answer singly.

The involuntary dribbling of urine, which is frequently observable when the requisite degree of weakness and relaxation of the muscular powers of the bladder has been produced by medicine, strongly incline me to believe, that in cases of great danger another remedy might be added to the above combination;—I mean, an infusion of the leaves, or the fumes of *Tobacco*, in formâ enematis. For the degree of relaxation these occasion when exhibited in strangulated herniæ, is not only sudden, that is, produced within a very short space of time, but extremely great.

Whenever the tension and inflammation of the bladder are pressing, and this mischief becomes the principal disease, and first object of attention,—and there is not sufficient time for the due operation of the whole of the above means,—as a lesser evil must always give way to a greater, an attempt to draw off the urine must be made. But, even here, there will always be a sufficient time for bleeding; and this alone may lessen the contraction, and facilitate
the

the introduction of a hollow bougie or catheter. I say lessen the contraction, for there not only exists this disposition in the bladder, but in the urethra itself. If the business can be done by a hollow elastic bougie, with a piece of whalebone as a stilet, it may possibly pass as a common bougie, with less difficulty and pain to the patient, than a flexible or common catheter. But if the water cannot be drawn off by this means, a catheter must be used.

It may happen, that although the retention be relieved by the above general means, and the aid of a hollow bougie or catheter, yet the bladder not having recovered perfectly its lost tone, cannot do the office of discharging its contents properly, in which case a portion of fluid still lodging, though perhaps it may not be great, will tend to keep up the irritation already subsisting; and if, under the relaxation produced by the previous treatment, such circumstance can be rendered less distressing, by discharging from time to time even a mode-

rate portion of urine, and the introduction of the instrument can be made with ease, the practice may be vindicable: but there must be the circumstances of retention and imperfect evacuation of the bladder to warrant it.—As a general rule it may be noted, that a relaxed state of the parts is always most favourable for the introduction of these instruments; and its contrary, a state of contraction and inflammation, unfavourable.

Abscess in perinæo.

The prevention of this affection may easily be accomplished by the means which have already been fully explained: but, when these have been neglected, a suppuration sometimes takes place. Although this suppuration shews itself externally, yet the origin of it is in the urethra itself; the common integuments exterior to it, suffering often to a considerable extent. It has been a practice generally adopted, and I think very properly, to open these abscesses early, as soon as a fluctuation can be fairly perceived

perceived under the finger, without waiting for a more complete suppuration, or for the tumor making what is called a point. When opened, the extent of the cavity must direct what is next to be done; and, in general, when such cavity is large, the integuments may be freely divided. The contents of the abscess are generally matter and urine, which evidently denote a breach in some part of the urethra. This breach may be in one or more places, or a certain portion of the urethra may have sloughed, and the opening such abscesses early has been more particularly recommended with a view to obviate this last accident. A large and free division I conceive is frequently necessary to enable the surgeon to incise from the bottom, to trace the breach in the urethra, or to discover any deeper seated lodgment of matter that may have taken place; and it will, in the course of the treatment be of this further use, where a breach exists, though it cannot be seen or discovered, and when no lodgment has been formed; it

will enable him, after a certain time, to employ such topics as have a power of producing healthy granulations in all sores, and a disposition to heal. The topics I have used, with no small advantage, have been the *Cerat. Rub.** or lint dipped in a weak solution of *Argent. Nitrat.* in water. That disposition once produced in the general sore, will, I have experienced, often extend farther than the eye can reach, even to the breach itself, and greatly assist the action of the bougie in healing it.

When, in consequence of matter having formed, an opening has been made, for a few days, the treatment should be principally to allay irritation and pain, and quiet the general disturbance of the system by

* In the composition of this application, the *Præcip.* should be levigated very fine, and mixed in small proportion with a stiff well made cerate. The first and most obvious effect of such an application to a common sore, is, to coagulate or thicken the discharge;—the next, to produce healthy granulations, and a disposition favourable to healing.—The *Ung. Citrin.* used in due proportion, and mixed with *White Cerate*, will answer the same purpose.

Bark, Opium, a soft easy dressing, &c. with the most perfect quietude. When the urethra is so far returned to its natural state as to bear the introduction of the bougie, let that be passed, and kept in, as long as the patient can bear it, daily, or twice a day, according to the irritability of the urethra; and if the general state of the patient will admit of his taking a mercurial internally, it may be given as an alterative, and one of the *pus moventia*. When the sore has contracted to a small size, if there should be reason to suspect, from a small discharge of urine appearing now and then, that the breach in the urethra is not perfectly closed, it may be worth the trial to apply *Emp. Epispast. perinæo*, guarding the sore carefully from the action of the *Cantharides*, and for a short time discontinuing the bougie and other topics.

It is very possible that, after the above treatment, this artificial inflammation may be powerfully assistant to the cure of the disease, and I am much mistaken if I have not known it have that effect. In such

case, probably by a new and that a very powerful action taking place externally, the irritation within ceases, and the opening in the urethra heals. Under the above circumstances, the point of time for the application of the *Epispastic* seems to be that now specified: but in some other cases of abscess in perinæo it may be applied much more early, as in those in which a mere puncture is sufficient to discharge the matter and water contained within the cavity. From some late instances of the success of blistering, after the opening of abscesses in tendinous parts, and even during the formation of matter, as lately happened to me, in an external suppuration, the consequence of a neglected accident to the joint of the knee, I have the strongest reason to believe, that it may not only be employed after a considerable abscess in perinæo has been opened by puncture, but that it may sometimes supersede the making any opening; for in the suppuration of the knee above mentioned, it seemed to increase absorption, and caused a palpable exudation

exudation of the matter under the integuments, without the necessity of making any opening; and by this single application the suppurated fluid and general tumefaction of the whole joint, which was great and alarming, soon disappeared.

The greatest objection seems to be the danger of the *Cantbarides* affecting the neck of the bladder; but when there is no such probable predisposition, nor when that circumstance can be counteracted by dilution, and the warm bath, I am convinced it may be employed with great advantage. In all internal inflammations, when evacuations and other antiphlogistic means cease to have beneficial effect, or from great weakness are inadmissible, it is well known that blisters are highly useful, carrying on the desired resolution by the new inflammation they raise, and the discharge thence produced from the skin; and their utility in many cases of irritation and inflammation in the urethra, is to me no less apparent. Nor, as has been already said, do their good effects end here, but they

they are applicable even when inflammation has terminated in suppuration, and afterwards.

We frequently meet with a small collection of fluid, partly urine, and partly pus, in the perinæum, arising from Stricture, even during the use of a bougie, in which the progress to suppuration is slow, the inflammation sluggish, and the tumor more circumscribed than in the last-mentioned case. This kind of abscess is preceded by general uneasiness and tenderness, teasing the patient for some time, without much pain. Here the vesicatory to the part will be a very probable means of removing the uneasiness at its access, and preventing the collection; of producing the absorption of the fluid when collected, and of consolidating the cavity when such fluid has been discharged by puncture, more especially where the passage has been gradually dilated by a bougie. Indeed, in many instances the operation of the bougie alone will answer without it, these suppurations healing under its use; but
 whenever

whenever two means can be rationally directed to the same end, much benefit in all cases must arise from the co-operation.

Where there exists a stricture, the utility of a bougie is sufficiently evident; when an abscess in perinæo, complicated with a stricture, it is as necessary, because the stricture remains. But it may be asked, why is a man, having an abscess in perinæo, with a breach in the urethra, but without stricture, to submit to the same discipline? To this I answer, that the bougie is necessary to prevent the passage of the urine through the opening in the urethra, and thereby to promote its healing, the passage of the urine in micturition keeping the sore open. But a bougie, in order to this, it will be said, should be kept in for a long time, bringing the patient to bear this by degrees: it should be hollow, to admit the passage of the urine, as a catheter, through it; and he should, as seldom as possible, do, what all persons who use a bougie are too frequently obliged to do,
take

take it out whenever they have an inclination to make water:—that a bougie is an extraneous body within the urethra, and may therefore possibly prevent the healing of the fore by the irritation it has produced; that even the œsophagus may be opened by an abscess, and fluids pass freely through that opening, and yet such opening heals by attention to general health, and the most superficial treatment. And that, after the operation for the stone, we do not generally employ a bougie to prevent a fistula, although there is frequently great laceration of parts, and separation of sloughs; whilst the urine is daily washing every part of the fore.—It is not impossible but we may rely too much on art, and too little on nature, in abscesses of the perinæum. We know, indeed, what may be done by the assistance of the bougie, and its effects are not always the most flattering; but we know not what may be done without it. I submit, therefore, with great diffidence, as matter for future inquiry, where the breach in the urethra has been large, perhaps from the
 sloughing

floughing of a portion of that membrane, and where the passage of a bougie is from those circumstances very liable to take a wrong direction (in which case it must certainly do mischief) whether the same treatment, as after the stone, may not be better, than any attempt to cure such considerable breach by the assistance of a bougie? Or whether, if a bougie be necessary ultimately, we ought not first to see how far nature will go, when assisted by an internal treatment, towards the accomplishment of her own work?

The fact, perhaps, is, that generally in these abscesses, the foundation has been laid in a previous disposition to stricture. We have very few instances of abscesses in perinæo without it. For the stricture (as was before said) the bougie is certainly the only remedy; and when that becomes complicated with an abscess, it is a powerful means of relieving that also.—But there are other reasons why a bougie may be necessary. It may be said to act two ways, either mechanically or medicinally,
 according

according to the substances which enter into the composition. A bougie of whalebone, of catgut, of milled lead, of the elastic gum, or of prepared paper or leather, were it possible to manufacture these substances so as to give the necessary properties of firmness, flexibility, and smoothness, would all act mechanically, gradually dilating, and from their mere stimulus in the urethra as extraneous bodies, producing increased secretion: and, perhaps, a bougie well made, and acting simply in this way, would be preferable to every other. But the ideas of our ancestors, and some modern surgeons, have gone much farther. They have concluded, that bougies should be medicated, should be made of plaister of a due consistency, and of rag, rolled up into a cylindrical, conical, or other form; and from the nature of the ingredients in the composition of the plaister, the bougie was supposed to have certain sanative properties: *Mercur. Nitrat. Rub.* finely levigated,—*Crude Mercury*,—*Prepared Antimony*,—*Litharge*,—*Wax*,—and
Emp.

Emp. Mucilag. &c. have been employed for this purpose. It has been imagined, that these bougies, in order to have the best effect in diseases of the urethra, should have the power of producing a kind of suppuration, or laudable increased secretion from the mucous surface of the urethra, and that on this power a great deal of their efficacy depended; and provided they do not cause a solutio continui, where there is none naturally, and where there ought to be none, nor stimulate too much, the idea is not to be discarded too hastily. The least stimulating bougie of the plaster kind is that where the *Empl. Commun.* forms the basis; but from the great quantity of *Litharge* in its composition, this must, in some measure, act as an astringent, sedative. It may be a good bougie for an obstinate Gleet, but not so good for a stricture, because it probably will tend to check the suppuration, and lessen the secretion. It certainly irritates less than most others; but I conceive that the addition of *Crude Mercury* would make a better composition.

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We now are well informed of how much utility drains in the neighbourhood of diseased parts are, as in the paralysis of the lower extremities, from diseased spine; in diseased hips, &c.—I am convinced, the same principle, to a certain degree, may be extended to these cases of Stricture and even to Fistulæ in Perinæo;—and that the general discharge produced is one of the circumstances on which the action of a bougie depends, and the other (when the bougie is medicated) is its effect as one of the *pus moventia*, and that it is capable of exciting internally the same disposition to heal, in an opening from the urethra, as we have said was producible by the external use of the *Cerat. cum Merc. Nitrat. Rub.*—and *Ung. Hydrarg. Nitrat.*—and this last may, when considerably lowered, very probably be attended with good effects, if applied by means of a bougie to the urethra itself, not only in the abscess perinæo, but in some other cases; *Calomelas* and *Calx. Hydrarg. Alb.* may be employed for the same purposes. A very weak solution
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of *Hydrarg. Muriatus*, in water, and mixed up with cerate, or *Axung.*—as in making soft pomatum, when smeared on a common bougie, may have a similar good effect. Externally, they are not only promoters of good suppuration, but have considerable efficacy in correcting those defædations of the skin called scorbutic; and thus, by means of a bougie, the local action of mercury may be extended to distant parts of the urethra, where the syringe cannot possibly reach.—When there is a troublesome Gleet, with a concentration of disease to any one particular part of the urethra, more especially if out of the reach of a syringe, far down in the passage, or in the perinæum, the external use of mercury, *Bals. Capiv.* internally, with the precautions formerly mentioned; and if these fail, raising an external inflammation or drain by means of the *Epispastic*, and the use of a bougie, either partially or fairly introduced, and worn for a shorter or greater length of time daily, according to the state or irritability of the urethra,

under the most perfect quietude and delicate management, will bid fair to have a good effect.

We sometimes meet with a troublesome heat taking place throughout the greater part of the passage, long after the Gonorrhœa has disappeared: if not attended with stricture, this is probably a scorbutic affection.—The warm sea bath, or a common warm bath, the external use of mercury, a medicated bougie to produce a discharge, and correct the local acrimony, raising externally inflammation and drain, are means very likely to succeed; and if any mercury be used internally, it should be an alterative, or mercurial salt diluted, as in the solution of the *Hydrarg. Muriat.* &c.

I am now come to the *second general division* of the means of cure, and shall endeavour to point out the circumstances in which the disease may be treated by mercury alone; also, without injection.—Having, in the foregoing method, shewn how it may be counteracted and cured,

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where there is high local inflammation, and in habits where a disposition to inflammatory diathesis prevails,—another general method of treatment is to be described, infinitely more simple than the preceding, which has very often succeeded under opposite circumstances, that is, in constitutions rather phlegmatic than inflammatory, without or with a very slight attendant inflammation. It is very extraordinary, but it is a truth, that in the same specific complaint, produced precisely in the same way in both, we find great tendency to inflammation in one habit, and little or no disposition to inflammation in another; and there are, besides this, many intermediate shades or varieties.

In the habit directly opposite to the inflammatory, the smallest doses of mercury, in any active form, continued for three or four weeks, or even for a much less time, in an alterative way, without affecting the mouth,—if they have not cured, have at least thus far assisted nature, that the secretion going on has gradually thick-

ened and been amended, the symptoms have been kept under, and the disease at length cured. I cannot say how it acts in these cases, whether as one of the *pus moventia*, or as an antivenereal; the fact I know, and innumerable instances of cures thus obtained might be adduced. The *Pil. Alterat. Plum.*—small doses of *Calomelas*,—*Hydrarg. Calcin.*—*Elect. Specific. Nosocom. St. Bartholom.*—all the very active saline preparations of mercury, largely diluted with water, and some others, have, under the kindly influence of the natural secretion, in habits so favourable to the operation of this stimulant, cured the disease. The truth is, where there is no impediment in the way from inflammation, or inflammatory diathesis, there is no great difficulty in the business. Although such habits do not, generally speaking, require an antiphlogistic treatment, yet an open belly,—the warm bath,—*Opium*,—and sometimes the *Cortex*, will be necessary to assist the effects of mercury, or lessen irritation. For the knowledge of the fact
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that mercury will, in this manner, relieve, is not altogether sufficient; and the present improved state of medicine, by combining other effects, all tending to the same curative indication, will enable the student to reach his object by a shorter route.

When the habit is as above, and the patient (to use the language of the ingenious Boerhaave) of a lax fibre, either without inflammation, or with an inflammation of a slight erysipelatous kind, in such case I have frequently found the *Cortex* a sovereign remedy in quieting the local irritation, whether used alone, or in combination with other means conducive to the same end. It should be given freely, and seems to act most successfully when the secretion is copious, and suffered to continue without any local check; under these circumstances I have employed it, even when the prostate itself has been affected with irritation, and with the happiest effect.

It is unnecessary to enter into the different variations of habit, between this now described, and that heretofore mentioned, in which a rigid antiphlogistic course was necessary.

The reader being furnished with the foregoing preliminary observations, is prepared, in some measure, to understand the conveniences and inconveniences of injections; I shall now, therefore, go on to the *third general division*, and endeavour to describe various ways of treating this disease by injection.—The two former methods were so far general, that no local means were used to check the discharge; nor was the surface of the urethra directly affected by any application.

In the former part of this work I expressed an opinion that the action of the venereal poison upon its insertion, was like the variolous, instantaneous. Having myself had considerable experience in the Suttonian method of inoculating for the
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Small-Pox;—having frequently observed that the practice was to take the infecting fluid from the inoculated arm, in the presence of the infecting person;—and having formerly, in a long course of practice never seen an instance of infection in the natural way to the inoculated person, from the effluvia of the arm, during the time of taking the matter from the infector, or from the patient himself (as is frequently the case) examining the puncture immediately, or soon after the insertion of the poison, I concluded that the rudiment or germen of disease acted immediately on the part into which it was inserted, and that after such action, no further accumulation or danger of infection could possibly arise, either from the natural infection or a subsequent inoculation. — Such having been my sentiments, I was, in a late conversation with a medical friend,* much pleased to learn, what I did not before know, that the opinion was capable of further illustration;

* Mr. Joseph Bell, of High Wycomb.

for there appears directly after inoculation for the Small-Pox, when the disease takes place, an alteration in the punctured part so strong and remarkable, that any person who has once seen it, may, with certainty, pronounce whether the infection has been effectual or not.—This gentleman had observed, that the action of the poison was as instantaneous as the well-known effect from the sting of a nettle, and the appearance of the part not much unlike it. The part punctured seems to attract the variolous fluid, the edges of the little wound are puckered, and the natural colour of the skin altered by an orange-coloured kind of stain, *and that immediately*.—If this fact may be depended upon, (and I believe it may,) I make no hesitation in saying, I know of no arguments taken from the human body that can set aside our former idea, that the venereal poison, like the variolous, came into action, and was probably absorbed from the moment of insertion. A Chancre is the effect of inoculation with venereal matter.

matter. If the variolous matter acts so suddenly as we have supposed, and is capable of assuring the constitution immediately from the natural disease, it must be not only instantaneously absorbed, but must pervade every part of the system with the velocity of the electric fluid. The course of the lymph is probably not so quick as this, but the progress of the nervous influence may. As I do not conceive that the application of a caustic, or astringent sedative, to the infected arm, can prevent the disease happening from the insertion of the Small-Pox matter, so neither can I believe that the same topics will have any other than a local effect, or prevent the future rise of symptoms, after the inoculation of chancrous matter.

I have, more than once, in the course of the present work, endeavoured to call the reader's attention to that mixed kind of infection, or combination, in which both Chancre and Gonorrhœa appear within a few days of each other, from one and the same infecting person; the Gonorrhœa
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taking the lead, and the Chancre or Chancres shewing themselves afterwards. Of this fact I believe there can be no doubt. Its frequency or infrequency is one thing, and the influence it should have in directing our practice is another.—If it happens once out of ten or twelve cases, it is an object of some importance, and worthy an enquiry, whether the prevalent methods of using astringent sedative, and mercurial injections, early in Gonorrhœa, may not have a tendency, by smothering chancrous infection for a time, to produce future symptoms of Lues. I think it most probable, wherever, on the surface of the glans or prepuce, there are one or more points containing the rudiments of a Chancre, that in many of these cases, from the contact and known effects of some injections, such rudiments may be checked in their progress, or wholly destroyed, and venereal matter thus go on into the circulation, and there produce its effects, without any perceptible local appearance. A circumstance so strong, and so powerfully dissuasive,

dissuasive, that it amounts, I fear, to the rejection of all astringent sedative and mercurial topics, early in Gonorrhœa.

In answer to this, I know it will be said, that the combination above alluded to is neither constant nor common:—why deprive us of a set of remedies which, in the majority of Gonorrhœæ, are of singular service, because, in one case out of many, the consequences you have stated may follow? To this I can only say, I would not willingly do harm, even to have good follow, when the doing harm may be prevented. A steady practice meets with no difficulties of this kind; and should be unexceptionable as to the important article of suppressing such a disease as Syphilis. The outline of such a practice I have endeavoured to give in our first general method.

But the above is not the only objection. For in that species of Gonorrhœa where a disposition to metastasis exists early in the disease, as in a case formerly given, here also the use of injections of a specific or
astringent

astringent sedative kind, may do mischief; not by smothering venereal infection, as in the preceding case, but by transferring inflammation, and the gonorrhœal disposition, to the posterior parts of the urethra and neck of the bladder. If we could always discriminate, *à priori*, between those persons with Gonorrhœa, who generally have the disposition to metastasis, and those who have not, we might direct the use of injections with less danger.—As to this matter I can only say, I would never employ such early in the disease, where the discharge is copious, the glans penis very moist, or prepuce tight; not only because such a subject has naturally a tendency to absorb the poison quickly, but is predisposed to have the skin crack almost in every connection, and is, moreover, most prone to chancrous excoriation; and, if I mistake not, also to that early tendency to metastasis above alluded to.

When it may be suspected, from the great general inflammation in the progress of Gonorrhœa, or in any of its states,
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that a disposition to metastasis prevails, there also astringent sedative, and all other injections which suddenly stop the discharge, may do hurt, by transferring the disease to a remote quarter. In every case, where it can be discovered that there has been a stricture, although that stricture may have been formerly removed by a bougie, and all those in which a hernia humoralis, an affection of the membranous part of the urethra, of the neck of the bladder or prostate;—I say, in all these cases, when a recent Gonorrhœa supervenes, more especially if it be attended with considerable inflammation, the administration of the usual astringent sedative, or mercurial injections, requires great circumspection. On the other hand, when the above circumstances do not stand in the way, when from the natural state of the glans and prepuce there is no tendency to local irritability, tenderness, or great porosity, the patient having a firm cuticle, and a short retracting prepuce, with a recent Gonorrhœa not fully formed, here the difficulties

culties are not so great, nor the Chancre or chancrous infection so probable; but I must remark, that even in the subsequent inflammatory stage of such a Gonorrhœa as this, when the tendency to phlegmonous inflammation is strong, and the increased secretion lessened, or even when the secretion is considerable, and the disease approaching to its acmé, here also injections, whether they be stimulating, astringent sedative, or mercurial, are by no means eligible. In the first stage of Gonorrhœa, however, when that has been attended with but slight inflammation, and in which there has been no tendency to metastasis, nor to the other circumstances predisposing to the early accidents of the disease, they have been frequently employed with success, and that without much regard to regimen, or an internal treatment, and without any of those helps which have elsewhere been said to be necessary in the cure of this disease.

When injections of the astringent sedative kind, or mercurials endued with a
 sedative

sedative power, are attended with the happiest effect, they keep off the most troublesome symptoms of the disease; the ardor urinæ and Chordée are prevented by the local inflammation being lessened, the natural means of cure, the increased secretion from the urethra, going on in an irregular way; sometimes considerably diminished, and sometimes again increased in quantity, apparently without much irritation or acrimony. If for one or more days the discharge ceases, upon omitting the injection, or upon taking much exercise, it recurs, and thus it may go on for a considerable time, till the disease terminates. I have so frequently observed the above course from these kind of injections, that I am convinced they should never be employed early in the disease, with any other intention but that of moderating the inflammation and natural means of cure, without aiming at the supposed absolute artificial cure, by taking off suddenly both inflammation and secretion. And with this precaution, I am of opinion, that some
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of the accidents too frequently attending injections, may be obviated.

There are other injections endued with very different properties from the foregoing, having a disposition to stimulate and increase the discharge. These, when the inflammation is not too great, may sometimes be employed to advantage. And there are again other injections, which may be said to hold a middle kind of place, being neither strongly sedative nor very stimulating, and these probably are the safest and best for indiscriminate use.

The principal astringent sedatives are, *Cerussa Acetata*,—*Aqua Lithargyri Acetati*,—and *Zincus Vitriolatus*. As the basis of injections, these medicines have been frequently employed; I fear, sometimes in too rude a manner, and in proportions much too large for the quantity of water. What we particularly want from them in Gonorrhœa is, their sedative without their astringent effects. But this is no easy matter to obtain. And, indeed, the same injection in different urethræ, and at different

ferent periods in the same urethra, will have very different effects. The safest and best way, I apprehend, is to begin with a very small quantity, so that the vehicle be but slightly impregnated with the menstruum, to filter the mixture or solution through paper, and to increase its strength, when necessary, by degrees.

The state of the secretion, after the use of these injections, should regulate the surgeon's conduct, and he may consider the discharge as the *vis medicatrix naturæ*, which he may moderate, but not wholly suppress.—Astruc, when he found from the great acrimony and quantity of the secretion in an obstinate Gonorrhœa, that his general method did not succeed, employed the *Cerussa Acetata* in an injection. If he used it as a sedative merely, it might no doubt be serviceable; but he probably employed it in the common way, without making any distinction between its sedative and astringent properties.—Some stimulating injections are mercurial, others are not. The efficient medicines

of the mercurial kind are *Hydrarg. muriat.* — *Hydrarg. nitr. rub.* — and *Calx. hydrarg. alb.*

The two first of these preparations are so stimulating, that the one in its crude state is a caustic, and the other an escharotic; and they can only be made bearable in the urethra by large dilution, by enveloping them in *Cerate*, *Mucilage*, or as in making a medicated bougie, sheathing their particles with plaister, and using them in very small quantities.

Hydrarg. Mur.

This, soon after its introduction into practice internally, by the late Baron Van Swieten, in his celebrated solution, was employed as an injection very largely diluted in water; and I believe the first person who used it in this manner was the late Dr. Brookes, but he confined the application to females. It has since been, with some surgeons, a favourite injection for the Gonorrhœa in men. — When the strength of the solution is, as in the above astringent sedatives, properly adjusted to the

different circumstances of the urethra, it is certainly a safer and much better topic; and if we set aside its tendency as a mercurial, to check chancrous infection (an inconvenience, I must repeat, which pervades most of the injections in use) it can do no great harm in Gonorrhœa, but as a stimulant. It may, when too irritating, increase the subsisting inflammation; but when the solution is sufficiently weak, it cannot do near so much mischief as an astringent sedative. It may be dissolved in brandy, or proof spirit, and afterwards a small quantity of the solution, according to its strength, be dropped into water, or it may be dissolved in boiling water; when cold, the solution may be filtered, and kept for use.

As a topic, it is an antivenereal; for Van Swieten's solution will take away venereal excrescences: it is an ameliorant, because when applied to a common sore it promotes a good digestion. It is very efficacious in the Tinea, and in some other defœdations of the skin; and when it stimulates moderately, it not only corrects,

but assists in clearing away the virulent discharge in Gonorrhœa. I have an idea this medicine may be so very much diluted, that without having any sensible stimulating effect, it may be an excellent corrector of acrimony, and on that principle alone highly serviceable in Gonorrhœa.

This preparation of mercury, when in a state of solution in water, has been used very frequently as a preventive; with what degree of propriety or success I cannot say. If this kind of practice could prevent the receipt of a Gonorrhœa, it would be something: but if it has the power of healing an incipient Chancre, immediately after the deposition of the poison by inoculation, that poison having entered not only into the part, but into the habit,—though it may cure the Chancre, it can have no effect on the general disease, and therefore must do mischief. For the last few years I have seen a greater proportion of venereal cases where Buboës have been the first symptoms, than I ever remember to have observed at any other period of my life; and

and I attribute the circumstance to the practice now mentioned. There are many who, upon the slightest suspicion of gonorrhœal infection, have recourse to a weak injection of the *Hydrarg. Muriat.* even before the disease can be said to be fairly formed, and, by taking it thus early, entertain an idea that they can effect a speedy cure. This may perhaps be true; but when appearances are equivocal, and the nature of the disease not certain, to call the complaint a *Gonorrhœa Virulenta*, is to give it too hard a name. The success attending it may possibly warrant the adoption, of the practice, but it can be no excuse for taking one thing for another; and the fact, I believe, is, that many of these fortunate cases are *Gonorrhœæ*, but not of the virulent kind. The good effects of this injection are by no means constant; they frequently do, but they sometimes do not answer. It is, however, a neat and elegant way of employing mercury to the urethra in this disease, and well worth future consideration as to its immediate and ultimate effects.

Hydrarg. Nitrat. Rub.

This application, how finely soever it may be levigated, is much too stimulating and too difficult of solution to be employed in a liquid form. It was, however, applied to the urethra by Vigo. Upon the principle he had recommended it to chancrous and other obstinate sores externally, he used it to what he conceived was an internal ulceration of the urethra; and a small quantity of it, mixed with a large proportion of hard cerate, and applied with a tent, may, I have no doubt, be safely introduced to a certain distance within the orifice of the urethra, and there exert its well known digestive power. But I have had no experience of this preparation in Gonorrhœa.

Calx Hydrarg. Alb.

This medicine is not only a stimulant, but a powerful antivenereal. It is the mercurial by which, in the smallest doses, when given internally, salivation has been raised,

raised, and the effects of its external application in tinea, in the itch, and other affections of the skin, are striking. In a crude state, mixed with water or with any thing unctuous, it shews none of those violent effects, even when used in considerable quantity, that the foregoing preparations do. It is neither a caustic nor an escharotic, but when applied to the urethra it increases the discharge as a stimulant, without having a sedative tendency. From these properties it is a very good injection when mixed with water, or covered with *Mucilage*; and has every other quality of mercury.

The stimulants not mercurial are, *solution of Calx cum Kali Puro* and *Argentum Nitratum*.

The learned and very respectable Dr. Fordyce* has made some ingenious and excellent observations on the use of the former of these medicines in Gonorrhœa. The caustic when properly lowered, is supposed to act chymically on the mucus, to detach it from

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* Vide Elements of the Practice of Physic, by Dr. George Fordyce, page 351.

the surface, promote the secretion, and thereby evacuate the venereal matter; and there can be no doubt, if the solution be so managed, as to increase the discharge without irritating too much, or raising inflammation, it may be highly useful.

Argent. Nitrat.

Fifty years ago an East-India surgeon, with whom I was intimately acquainted, being detained for some time on the island Madagascar, perceiving that many of the natives were afflicted with Gonorrhœa, attempted to cure them by an injection, and he succeeded in curing many; but unfortunately meeting with some of the usual accidents from injection, hernia humoralis, &c. he did not then prosecute the experiment; but when he afterwards practised as a surgeon in England, he occasionally employed the same injection and frequently with success. It was used in this manner :

R *Argent. Nitrat. gr. iij.*

Coral. R. ppt. zij.

Aq. Mollis. lib. fs.—m. f.

If any one should be induced to try this kind of injection, I would recommend him, previous to his mixing the *Coral. R. pp.* with the water and *Argent. Nitrat.* to pass the two latter through a filtering paper, and also to lower the strength of the solution.

Calomelas.

Of this medicine, whether after due levigation it be simply mixed with water, or united with water and Mucilage, the effects are nearly the same. It neither stimulates nor increases the discharge. How far it may act as an antivenereal, or as a promoter of good secretion, is difficult to say; but its most obvious effect is that of a sedative; procuring ease, correcting and greatly lessening the discharge. It is a powerful repeller and healer of Chancres and chancrous excoriation, and will, when applied to the urethra in certain cases of Gonorrhœa, have a similar effect.

When used in less quantity, or of less strength, it will act mildly, allaying irritation, moderating the symptoms, without

out having much effect in checking the discharge. Some errors are daily committed with respect to this medicine in the form of an injection. It is not always well prepared, it is seldom levigated sufficiently fine, and is frequently employed in too great a proportion to the quantity of the vehicle.

The next mercurial injection is that composed of

Hydrarg. Crud.

which may be united with water and *Mucilage*, by trituration, or with *Axungia* and oil, by the same means. It is neither stimulant, astringent, nor sedative; but has a very excellent effect in correcting the virulency of the discharge, without deranging much, or altering considerably the natural means of cure.

The syringe employed to throw up the above injections, should never have a long tube. Its extremity should be conical or obtuse. It should be used without exerting much force, or attempting to carry the fluid far into the urethra. That time for the operation should, if possible, be chosen,

chosen, when the penis is in its most flaccid state: and the penis, at the time of injecting, should be drawn gently forwards, as it were, over the extremity of the syringe.

The above are the principal means that have been employed to cure in the way of injection. The slightest retrospect to the accidents attending this disease (which I need not repeat) will shew, that whether we make choice of simple or mercurial stimulants, whether astringent sedatives, or mercurials acting as sedatives; or the mildest of all mercurials, the crude mineral.—Still there is a degree of uncertainty, if not empiricism, in the practice, more especially when trusted to alone, without that assistance which it is capable of deriving from our general treatment.

Having shewn that there is in this treatment neither danger of metastasis, hazard of smothering chancrous infection, nor any irritation applied, but what arises from the disease itself. It will readily be granted, that when injections of a stimulating kind
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are employed, their effects will be less likely to produce inflammation under a cooling antiphlogistic regimen, and the various means, formerly described, which tend to anodyne relaxation, than when they are had recourse to, without this precaution; and when astringent sedatives, or mercurials having a sedative effect, are used, that the same remedies, more particularly the warm bath, will probably enable the surgeon, with proper attention to the strength of his injection, to counteract its too great astringency, or tendency to check the discharge, and that thereby some of the accidents occurring in this disease may perhaps be obviated. And the same practice I conceive necessary when an injection is employed early with a view to anticipate the inflammatory symptoms, but still more after their commencement, to moderate the tendency to phlegmohous inflammation. And I sincerely wish it was in my power to prevent the probable consequences to be apprehended from the combination of Chancre with Gonorrhœa;

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but this, I fear, will ever remain an obstacle to the indiscriminate and unqualified application of injections. When, however, the disease has passed its height, the Chordée gone, or considerably lessened, and the other symptoms declining, injections, both of the mercurial and astringent sedative kind, may be safely employed, either singly or in conjunction with certain parts of our general plan; and in the choice, from what has been said on the subject of these local means of relief, there can be no difficulty.

When Gonorrhœa Virulenta appears with Chancre, or chancrous excoriation, in that case the treatment must be very different from the above mentioned. In the first place we may here say decidedly, that all injections and topics are wholly inadmissible. In the next, to the general treatment proper for the Gonorrhœa, must be added a fair and unequivocal course of mercury to cure the ulceration, and prevent all consequences from this symptom in future. The reader will therefore recur
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to our first general method for the treatment of what appertains to the Gonorrhœa; and to our observations on the cure of Siphylis, in the preceding volume, for the method of treating Chancre, or chancrous excoriation. It may sometimes be necessary to join the antiphlogistic treatment with mercurial frictions, if inflammatory diathesis prevails. In lax or phlegmatic habits, where there is little or no disposition to inflammation, *Bark*, warm bath, and mercury, are the principal remedies for the Gonorrhœa; and the effects of the latter are so striking and certain in this particular habit, that it may be almost trusted to alone for curing the Gonorrhœa as well as Chancre.

*Gonorrhœa in Women.**

When I consider the uncertainty there is in ascertaining whether a woman, having a gonorrhœal discharge, may not also, from the natural form of her pudenda, have, at the same time, one or more con-

* Vide Vol. I. p. 235.

cealed Chancres out of sight, far within the vagina, I am in doubt as to the most eligible mode of practice ; whether to treat such woman as infected with Siphylis,—presuming that she has, or will have, Chancres,—or whether it is better to consider her as other gonorrhœal patients, waiting for the appearance of Bubo, or other venereal symptoms, before she uses mercury in a fair decisive manner ? There are difficulties either way. There seems a degree of cruelty in the idea of advising a woman to submit to that kind of discipline we do not generally recommend to a man with a Gonorrhœa Virulenta ; but the probability of her having the chancrous fomes about her, though she may have apparently nothing more than a Gonorrhœa, is so great, and must be so mischievous to herself and others, if the supposition be well founded, that it is a question whether it is not much safer to remove the difficulty by depending almost wholly on the unequivocal effects of mercury under confinement, than to omit it, and rely principally

pally on injections, and other means for a cure? And the difficulty is the greater from this further consideration, that in the event of Chancres existing, nothing but the fair effects of mercury can render injections even tolerably safe.

Thus have I endeavoured to explain three very different methods of curing the Gonorrhœa, each of which might have been branched out, or subdivided, into many others: and I have taken some pains to shew each method in its true character, and point out the necessity of combining occasionally their several principles or parts; and must here repeat, that their effects are applicable to different circumstances, both of time and disease, and to the various constitutions we meet with in practice. These sheets were never written to entrap the ignorant and unwary, but with the well-meant intention of adding somewhat to the pathology and therapeutic parts of medicine. To the regular professors of science, therefore, I must appeal, and to them only, to refute or confirm what, with respect

respect to the cure of this disease, has been candidly submitted to their decision.

Fiat experimentum, was the language of the great Lord Bacon in philosophy.—And as far as philosophy and experiment can safely go together in the living subject in any part of medicine, with the existing knowledge of the day, it may, without danger, be the rule still. But let us, in an affair of so much real importance as the health of mankind, previously enquire and ascertain the general information to be derived from the past and present state of medical knowledge—the *lex scripta auctorum*. Without that, our researches, however well intended, will frequently be uninteresting, our labour, fruitless, and practice, empiricism.

So much has lately as well as formerly been said by writers, on the remote consequences of the disease,—namely, Stricture, Fistula in perinæo, diseased neck of the bladder, and enlarged Prostate gland, that I have but little to add.*

* Vide Mr. J. Hunter's and Mr. Foot's observations.

In proportion as the disease advances from mere inflammation to more permanent habitual irritation, so the difficulty of cure increases:—adhesions, excoriation, and even ulceration from the partial sloughing of the mucous membrane may take place.

I know very well, that upon dissecting urethræ after death, from other causes than Gonorrhœæ, but with this disease upon them, Morgagni, and others, have very seldom found ulceration. And if they had examined the mucous membrane of the trachea, or bronchia, in persons with a mere catarrh, but dying from some other cause, they would have had no better success.—But it is well known after many catarrhs, and that sometimes at no very late period, their consequences are ulcerations of the most deplorable kind, and these followed by pulmonary consumption; and without going further into the question, we find the vestiges of previous ulceration in many cases of considerable Stricture. What
can

can produce that obliteration of the fine delicate structure of the urethra, and loss of substance which such cases exhibit, but the gluing together of the cells of the membrane by irritation and inflammation in the first instance, and a consequent ulceration, in the second ?

I have no doubt of the great utility of drains, of early and late blistering in the catarrhus affection above mentioned, and make no hesitation in saying, that very good effects will probably follow the adoption of the same practice at any time during the progress of Gonorrhœa, both before and after the formation of a Stricture.

Obstructions in the urethra may arise from different causes, but the most common cause is Stricture, which is a preternatural contraction of one or more parts of the urinary canal, most frequently the late consequence of a former Gonorrhœa. From this disease, also, adhesions of the inner parts of the membrane, as between the surface of the lungs and pleura, may take place. I am not certain

whether these adhesions are the effect of coagulable lymph thrown out by inflammation, or whether they are produced by ulcerated surfaces coming into contact.— Besides the above causes of obstruction, there may be a diseased verumontanum, fungous, verrucous excrescences within the urethra and diseased prostate gland.

Verrucæ, I have sometimes seen, within the orifice of the urethra in women, as well as men, and chancrous infection will sometimes, though rarely, extend much farther into the passage than has been generally imagined. If the absorbents have that universal distribution which may naturally be inferred from what we know of the sanguiferous and nervous systems, I know no reason why true venereal poison, from a Chancre, may not be conveyed by a lymphatic communication to the neck of the bladder, or other parts, and so into the system, as well as by the more general route, through the lymphatics of the groin; and I believe it has sometimes been the unknown cause of late venereal symptoms,

toms, when they have arisen from what has been erroneously supposed only a simple Gonorrhœa Virulenta.

I have thus far trespassed on the reader's patience, to account for Verrucæ and fungous excrescences, which have sometimes been found within the urethra. It is probable, that a fungus may arise, though rarely, without venereal infection, but I believe a true verrucous excrescence never can,

Stricture.

In a very ingenious paper by the late Dr. Monkley, in the Medical Transactions of the College of Physicians, Vol. I. p. 174, we have an account of the stricture of the œsophagus, the cure of which this gentleman attempted, and effected by mercury. Mr. John Hunter has informed us, that Strictures are defects found not only in the œsophagus, rectum, and other parts, but also in the urethra, from causes by no means gonorrhœal. And this is certainly true; but the most general cause of Stric-

tures in the urethra, I am certain, is Gonorrhœa.—This gentleman has justly observed, that persons having Stricture seldom apply to a surgeon till they find considerable difficulty in discharging their urine, and the disease is often considered as arising from gravel, &c. This is more particularly true with respect to elderly persons; and I am convinced that some of them go on with Stricture for many years, not knowing their complaint, till it becomes violent; the contraction before it is thus alarming, having for a length of time existed, but been disregarded. So far, however, from this affection being produced by causes not gonorrhœal, and, if I may so say, as the consequences of age or habit, is it not universally known that we meet with them in all ages from youth upwards, but much more frequently in young and middle-aged men, than in old?—And such are almost always to be traced to a previous Gonorrhœa. Why they appear so late as they sometimes do, is another matter.—All I can say in answer to that is, that the
Gleet,

Gleet, excoriation or ulceration, which I apprehend precede the Stricture, are of long continuance, and the process of contraction afterwards, slow and gradual. And as to its not being one of the effects of injections, if (as has been shewn) these can produce metastasis or translation of disease from the anterior to the posterior and more distant parts of the urethra, and such translation is sometimes attended with very alarming local inflammation, terminating in suppuration, and an opening, in a particular part of the urethra; there can be no difficulty in conceiving, that a translation, of much less danger without abscess, may cause excoriation or ulceration on one precise spot of the membrane, more than another. And as this new affection, produced by injection, is partial, so likewise is its consequence the Stricture. Ulceration may also arise from any part of the urethra becoming the principal point of the disease, where there has been no metastasis, more particularly anteriorly, or where the urethra makes its

turn; for these places may become the sink or receptacle of the stimulating secretion, from more remote parts, as happens in dysentery, when the rectum ulcerates.

The general symptoms of Stricture are pain, a difficulty and frequent inclination to make water, the stream of urine small, or made by drops, mucous sediment in the chamber-pot, and a disposition to retention and incontinence of urine.

A gentleman, aged thirty-five, who had a Stricture for years, which he had neglected, was seized at three distinct periods with a retention or suppression of urine, from which he had been relieved, but would have nothing done to the Stricture. He had been once attended by the late Mr. Pott, and once by a physician. On the third suppression, Mr. Pott being indisposed, I was desired to attend for him. I found the patient in great torture.—His bladder was very tense, and had been much distended for some hours; his pulse full, hard, and strong; his countenance flushed, his skin hot, and straining violently, without

out being able to make a drop of water. Under these distressing circumstances, he had done nothing; he had neither been bled, opened, used *Opium*, or been put into the warm bath.—I very carefully endeavoured to pass both bougie and flexible catheter, but it was impossible. The Stricture was in that part of the urethra where it makes the bend, and the contraction upon the bougie and catheter so strong, that I was convinced the water could never be drawn off, but by using stronger efforts than under the foregoing circumstances I was willing to make, without previously trying the effect of more gentle means. He was bled,—his bowels were emptied,—he was put into a warm bath,—*Opium* was administered in the form of clyster, with warm water and oil.—These means, by taking off the violent contraction and spasm of the bladder and other parts, lessened his pain, and diminished the strength and velocity of the pulse. The inflammation being thus reduced, he became easier; and without attempting

attempting any thing in the way of operation, with bougie or catheter, his urine dribbled from him, the bladder emptied itself, and he perfectly recovered,—his urine passing as it had done before the retention.

Although this gentleman knew he had a Stricture, and that his life had been put to the hazard, yet he would not submit to use the only means that could possibly serve him effectually in future,—I mean the bougie.—Two years after this, his Stricture became again troublesome, but without retention; he had pain, a febrile pulse, frequent inclination to empty his bladder, mucous sediment in his urine, some degree of gleet, with tenderness and induration in perinæo. In this situation, he submitted to try what surgery could do. A very eminent surgeon was called in as consultant with me. Upon my representation of the case, he attempted, as I had before done, to pass a bougie, but in vain. The passage of the urine at the Stricture was so small, and so difficult to

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hit,

hit, that we were foiled, and the contraction or fpafm of the urethra fo great, that it was fenfibly felt on this fide the Stricture. By a cooling anodyne treatment, the warm bath,—poultices to the perinæum,—fomentations of warm vinegar,—mercury externally and bark the irritability of his habit, and of the part, were gradually leffened. By great care and perfeverance, at length, after entering the opening in the Stricture, I made, daily, fome progrefs; but the irritability of the parts were fo great, that I was at times obliged to have recourfe to the warm bath, and defift for a day or two. His fymptoms, however, upon the whole, were greatly alleviated; the induration and tendernefs in perinæo lefs, the inclination to make water not fo frequent, lefs mucus with an increafed difcharge, from the ftimulus of the bougie. After fome weeks, I got beyond the principal Stricture.—Every line afterwards, excepting about two inches of the paffage, which feemed to be found, till we reached the prostate,
I could

I could clearly feel a further contraction, by the bougie passing with some difficulty, and rubbing, as it went through a part of the bulbous and membranous portions of the urethra. However, it passed at length into the bladder, upon which all his symptoms went, and there remained a free and open passage; the Stricture was dilated, but probably not obliterated, with the disposition to contraction to a certain degree remaining; and that it did remain, was afterwards evident, for within the space of two years he felt, at times, greater difficulty in passing the bougie, than usual; —he had also a teasing kind of uneasiness, heat, and sometimes increased irritability in perinæo, which obliged him to discontinue the remedy for a short time, now and then. This uneasiness terminated in a deep-seated sluggish suppuration. I discharged a small quantity of urine and matter by puncture. The integuments being so lax, that they were moveable over the fluctuation, I availed myself of this circumstance, and drawing them upwards,

over

over the cavity containing the fluid, & there made the puncture in such a manner, that the opening in the integuments, and that of the cavity of the abscess; did not, upon taking away my finger, correspond,—the skin and integuments acting in some measure as a valve. I know not whether any great advantage was gained by making the opening in this way, but it healed immediately, I had no further trouble, and no fistula followed.

There are so many relapses from a complaint of this kind, that every man labouring under it should acquire the habit of introducing a bougie, an elastic or flexible catheter, that he may relieve himself in case of a sudden retention when at a distance from surgical assistance.—This precaution is the more necessary, from this further consideration, that every considerable Stricture leaves a diseased organization, which the bougie cannot destroy, and which, however well treated in the first instance, has afterwards a greater or less disposition to contract.

Having

Having mentioned that kind of violent contraction or spasm which generally takes place, not only in the bladder and neighbouring parts, but in the urethra, during a suppression, I must call the reader's attention more particularly to a lesser degree of these affections, which frequently occurs in Stricture. This disposition to contraction originates from the stricture itself, and thence extends gradually to the bladder and contiguous parts, and anteriorly, in a less degree to the urethra. To overcome or moderate this propensity in the first instance, there is a necessity for the means of producing anodyne relaxation, which need not be repeated. The second remedy for counteracting this obstacle is to dilate the passage with a bougie; the simple introduction of which will give the parts on this side the Stricture, the Stricture itself, and the neck of the bladder beyond it, a disposition to open. And it is a singular fact, that it will frequently do this, although it be impossible to pass the Stricture; and when the irritability of the urethra

urethra at that part is so great, that it cannot bear the contact of the extremity of the bougie. Wearing a few inches of this application in the anterior part of the passage only, for a few hours every day, will sometimes mitigate the symptoms, and diminish both the difficulty and pain of discharging the water, more particularly when the urethra is very tender, or much contracted. Some injury, as well as much good, may be done by a bougie, and we should make our first attempts with proper caution; and I am convinced it is sometimes much safer at first to introduce a bougie not to the Stricture, but only within some distance of it, going on by degrees, increasing its size, and proceeding slowly towards it. Partly by the discharge produced, and partly by the tendency this will have in lessening the general contraction, giving the diseased part a slight disposition to open, and establishing in the patient a habit of feeling the bougie, a preparation will be made for its more immediate action on the Stricture itself. And I have no doubt

doubt but that by this method of proceeding, a small opening in the Stricture may be more certainly hit in all cases, but particularly when the parts are painful and tender.

There is great difference in the feel of Strictures, as well as in the size of the opening through which the contracted stream has passed. Some admit the bougie with difficulty, others will not admit one at all; and in some instances it will strike against the Stricture as against a hard callous body. The points of the bougie are sometimes made finely tapered, sometimes obtuse, and rounded off like the smooth extremity of a common catheter. I prefer the latter form for general use, as being much less likely to hitch in a lacuna, or take a false course, than when finely pointed; but the first, provided the bougie be only conical at the extremity, may be better for entering a very small Stricture.

There is a nicety in entering, and an address requisite in keeping the point within
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the opening of the Stricture, which can only be acquired by practice; and there is the same in keeping it as close as possible to the obstruction, when the opening cannot be hit. On these circumstances much will depend. It requires patience, coolness, and perseverance. If the surgeon can make any progress, though slowly, he must be contented. If after the exertions of many days he once gets through, he will be compensated by seeing the ease and comfort of the patient, and the pleasing prospect of being soon at the end of his labour.

A gentleman from Ireland in the year 1777, aged about fifty, had been long subject to a mucous discharge, attended with intolerable pain, and frequent ineffectual attempts to make water. The quantity of mucus was very great; it stuck close to the bottom of the chamber-pot, was of a thick greasy consistence, and deeply purulent. He had not slept an hour together after going to bed for seven years, owing to the pain and frequent calls

to pass his urine. He was much worn down, and in very ill health; some medical gentlemen who had seen him in Dublin, from the quantity and appearance of the mucus he evacuated, concluded the bladder must be ulcerated. Mr. Pott, whose patient he was, entertained a very different idea. We both made an attempt to pass a bougie, but without effect. Upon a consultation with Sir Cæsar Hawkins and the late Mr. Adair, Mr. Pott's opinion was confirmed. After some preparation, by putting him into a warm bath, ordering an enema with *Opium*, water and oil, &c. for a few nights, he began again with a bougie. Although the disposition to contraction in the urethra in this case was strong, yet the irritability of the parts was not great, and he bore the introduction so well, that I was soon enabled to pass the bougie night and morning. The seat of the disease was in the bulbous and membranous parts of the urethra. In three weeks a very considerable progress towards the bladder was made, and in proportion-

to this progress, so his symptoms lessened. He had less mucus in his urine,—the pain, irritation, and frequent desire to empty the bladder were greatly diminished,—he slept better, and was evidently mended as to his general health. Three weeks after the first, a second consultation was held. I passed the bougie, and the gentlemen were all of opinion as well as myself, that it had entered the bladder. There was, however, a circumstance still continuing, which was remarkable, namely, the disposition in the urethra to contract on the bougie. Upon this Sir Cæsar Hawkins observed, that the medicine the patient had been for some time taking, namely the *Bark*, would frequently have the effect of encreasing this disposition; and he said further, there was every reason to suppose, from the rapidity of the cure, that notwithstanding the length of time the complaint had remained, the parts were not much diseased.

It was in the month of August, when Mr. Pott went generally out of town, that this gentleman, among other patients, was

left under my care. I was not a little surprized to find that the symptoms, although greatly lessened, did not go off upon the bougie (as we had all supposed) entering the bladder, but I soon found I had a further progress to make; and luckily, having neither an irritable patient nor a diseased prostate in the way, the obstacle was overcome, and the bougie at length finally got into the bladder;—upon this the symptoms soon ceased, the parts recovering their long lost action, and the patient his former health.

This last difficulty must have arisen from the Stricture being in that part of the urethra embraced by the prostate gland; for upon measuring the length of different bougies, I could ascertain that we had been before nearly an inch short of the entrance into the bladder.

In the case last described there was no external induration, or tendency to a fistula in perinæo, nor difficulty attending the frequent introduction and operation of the bougie; but it sometimes happens that
even

even those made of the best and mildest materials will produce sickness, fainting, and considerable pain. Under these circumstances the surgeon must proceed gradually, in habituating the feelings and sensibility of the patient to the stimulus of the bougie. If he buys them from the maker, he should know with certainty the composition. Some from their ignorance, others for their convenience, employ the heating gums, *Pix Burgund. Turpentine, Colophrony, &c.* medicines, much too stimulating for so tender and delicate a surface as that of the urethra. And although in page 112, I have thrown out some hints as to the probable advantages of employing some of the *pus moventia* with the bougie; what was said must be understood as matter of future inquiry, and if attempted as an improvement, the experiment must be made with great care. I have constantly myself used bougies of the least stimulating quality, and have sometimes had recourse to such as had *crude mercury* in the

composition; but have never employed the other chymical preparations.

When an incontinence of urine takes place from stricture, or obstruction in the urethra, the gradual dilation of the passage, till the bougie has fairly entered the bladder, is the cure; and the same remedy is applicable to fungous or other excrescences within the urethra; but in these cases medicated bougies are strongly indicated.

The situation of the verumontanum and orifices of the vasa deferentia is such, that when disease has taken place in these parts, it is most frequently attended with considerable degree of irritability, perhaps from their near connexion with the prostate gland; and this may happen without any corresponding enlargement of this body. A previous cooling anodyne treatment, going on with the bougie gradually (as has been already explained) being careful not to irritate too much, and employing during its use leeches to the hæmorrhoidal vessels, if the patient can bear the loss of blood;

opiates

opiates—the warm bath—and if occasion should require blistering, or a drain somewhere near the part diseased—the tepid sea bath, and mercury externally (if the general state of the patient does not contraindicate) are the usual means of relief. And when the bougie irritates so much that it cannot be born, at or very near the seat of the mischief, it may be introduced so as to remain in the urethra, at some distance. But when it lyes easy, and the surgeon can proceed, he may consider the complaint as stricture, and go on till he has fairly entered the bladder, and dilated the passage. For I know no just reason why a contraction of the canal may not take place near the verumontanum, as well as in any other part, and the distinction between a diseased verumontanum without, or with stricture, cannot easily be made.

Enlarged Prostate gland.

When this body is diseased, some parts of the foregoing treatment may also be-

come necessary, but there is more caution requisite as to the external use of mercury, lest it should stimulate the gland too much, and increase the tendency to suppuration. If there is much general heat and fever, with great irritability, it is wholly inadmissible, till these circumstances have been quieted. And indeed, when this body has been long affected, it can be of no service as an antivenereal; and when its internal structure has been considerably altered, perhaps but little good can be expected from its deobstruent power, but this is by no means invariably true. The general heat and irritation must, if possible, be appeased in the first instance. Leeches to the hæmorrhoidal vessels; country or sea air, a milk or plain diet, in which there should be a large proportion of vegetables, —discutients externally, semicupium, or the warm sea bath, cicuta, spong. ust. opiates per anum, producing a discharge anteriorly from the urethra by a bougie, if it does not irritate too much; a seton, caustic, blistering the perinæum, or some other

other neighbouring part, repeatedly; if the state of the patient's bowels, and his strength will bear the exhibition of sea water internally, and under certain circumstances *Bark*, are the principal means I would recommend, for quieting irritation, diminishing the size, and preventing suppuration within the gland. When these objects have been accomplished, mercury may be tried in combination with some of the means now mentioned; but its effects must be carefully watched. It must be noted that the enlargement of this body, which sometimes follows, as a consequence of Gonorrhæa, is not strictly speaking cancerous. It may take place in a scrophulous habit, but is most frequently the late effect of inflammation or suppuration; and it is for that reason I shall endeavour hereafter to shew, that surgery may possibly afford another resource, in some cases, when all the foregoing means have failed. With that kind of diseased Prostate Gland, which sometimes occurs in old men,

men, we have nothing to do ; it does not properly belong to syphilis, and therefore may be passed over.

Induration and Fistula in Perinæo.

A fistula in perinæo may arise two ways, either after the partial and incomplete healing of a considerable abscess in the perinæum, or with an abscess seemingly trifling like a boil, as a consequence of Stricture. In both there is a breach in the urethra, and the event after each is frequently the same ; namely, a small fistulous opening, through which a few drops of urine escape, this heals imperfectly, and breaks out again ; and so it goes on, with more or less attendant induration ; or the complaint may not have proceeded so far ; there may be stricture with induration, but without the urine and matter having found a way, outwardly, through the integuments. As the last is the most simple of the three cases, it should be first considered.—The Bougie, discutients externally, more particularly
warm

warm vinegar, and *Ung. Hydrarg.* rubbed into the indurated part, will have a good effect; and by the united action of these means, the stricture will generally give way, the hardness go off, the oozing of urine through the urethra, which produced the hardness, will be checked, and an opening externally prevented. The passage having been thus rendered pervious, the diseased urethra is in some measure restored to a more natural state, but with a certain alteration of its Stricture. The two former cases may be treated nearly in the same way as the preceding, placing the principal dependence for a cure on the Bougie, discutients, and mercury. By this gentle management, without the use of the knife, have many fistulæ been cured, although there has not only been much hardness in perinæo, but a percolation of urine into the cellular membrane, in various directions. If the bougie can be introduced fairly through the stricture, and into the bladder, the cure may safely be trusted to that principally; its size should be gradually increased,

increased, and if the urethra can bear this, it may be worth the trial to attempt correcting the secretion, by using other medicated bougies; by the term, I mean the *pus moventia* of the mercurial kind. Such topics, as when applied to a common sore, will thicken and coagulate a thin gleet discharge; and upon this, if the action of a common bougie fails, the greatest dependence may be made.

A gentleman subject to nephritic complaints, who at two different times had had considerable inflammation in one kidney, discharge of mucus and affection of the corresponding ureter, from the passage of a stone into the bladder, was relieved by the usual means; but after the last attack, he found his urine still loaded with mucus, which continued so long, and was in such quantity, that it was apprehended he would go into a decline from the drain; he was daily losing his appetite, strength and flesh. Under these circumstances, from the suggestion of a friend, he took an ounce of bark a day for several days;

days ; this lessened the discharge considerably, and by recurring to the same remedy he recovered his former health. His urine, however, at times retained some degree of fœtor and mucus. Years after this he contracted a gonorrhœa. He was himself a medical man, and considering it a slight matter, he used an injection of *Zinc. Vitriol.* This took off the running, but was soon followed by a tenderness in perinæo; the inflammation went on, and ended in an abscess, notwithstanding his efforts to prevent it. The matter was let out, and when his fore was considerably contracted, and he had employed a bougie for some time, he came to town, and went on gradually dilating the passage, and using mercury externally. During this course, small indurations would, after feeling more tenderness and difficulty in passing the bougie than usual, from time to time arise ; they would proceed to a crude kind of suppuration, and upon opening them by puncture, they immediately healed. At length by perseverance the passage became very free,

free, neither hardness nor external opening remaining. In this state he returned to the country, followed his business as usual, and remained with the occasional assistance of the bougie, well, till a third attack upon the kidney and ureter, on the opposite side to that formerly affected, occasioned his death. Upon examination, it appeared that the substance of the kidney first affected had melted away, and in the ureter on the opposite side, there was a stone which could not pass. But the urethra, and part where the stricture was, shewed, only the vestiges of former disease; being much less affected than the bladder, ureters, or kidneys.

Another gentleman, surgeon to a man of war, when in the West Indies, for a gonorrhœa which he contracted there, made use of a calomel injection. It stopped the discharge immediately, but occasioned tenderness, hardness, and at length abscess in perinæo; all the means he could apply not being sufficient to prevent the formation of matter. He came to England with so
considerable

considerable a breach in the urethra, probably from the membrane having sloughed, that every time he emptied his bladder, the urine would come through the wound in a small stream ; complicated with this affection, he had, though a young man, an enlarged Prostate Gland. He lingered on for some time, but at last died consumptive.

The above cases are not adduced as the only instances that might be brought forwards, nor do I wish by mentioning them to discourage altogether the practice of employing injections in proper hands ; for I know they may be highly useful ; but their application should be left to the judgment and discretion of well informed medical men, and to them only. These gentlemen were sensible intelligent practitioners, but they were both wrong ; the one treated his complaint too lightly, being deceived by its apparent slightness ; or perhaps thinking he could anticipate the symptoms by an early use of the sedative. The other, expected at a more advanced period to lessen
tion

the subsisting inflammation and virulency of the disease by the local application of a mercurial. And the immediate consequences were nearly the same in both cases.

When the urethra, towards the neck of the bladder, is thoroughly diseased, and there is no possibility of dilating, or opening the contracted part, internally by bougie, caustic, or a trocar, passed by means of a canula, up to the stricture. When other circumstances are pressing, little urine coming through the urethra, and that little with considerable pain, as much nearly, perhaps, passing through one or more fistulous openings in perinæo, and neighbouring cellular membrane, and these openings also attended with considerable induration; it has been proposed to dilate the several sinuses, divide the stricture, and lay the whole of the diseased urethra open to the bladder; thereby putting the several injured parts under the necessity of suppurating largely, and, by a new and different arrangement of circumstances, endeavour

deavouring to obtain a cure. The case * described by Mr. John Hunter, is very interesting; but though the patient did well from the operation, and was greatly relieved, being able to pass his urine afterwards by the natural passage, the difficulty of entering the bladder, either with bougie or catheter still remained. Notwithstanding this, if it should ultimately turn out, that this patient could for life, or a great length of time pass his urine freely by the penis, it will be a very useful fact; and clearly shew that the simple division of the diseased membrane, after opening the collateral sinuses, without excision or the removal of indurated parts, may be as curative in a fistula in perinæo, as the simple division of the gut is in the fistula in ano.

In another case mentioned by Le Dran, † a cure was obtained, but in a different way; for he used the mode of excision, which perhaps was not necessary; and after the cure was more fortunate in

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being

* See his Treatise on the Venereal Disease, p. 160.

† See Consultations de Chirurgie, p. 214.

being able to pass a bougie, and recommend the occasional use of it to his patient afterwards.

It may be asked, what is gained by the performance of operations so painful, and of such difficult execution? The dispersion of the several indurations in the perinæum, the healing of the fistulous orifices, the cessation of that oozing of urine into the cellular membrane and other parts, productive of those indurations, originating in a breach of the urethra, which breach when comprehended in the incision, closes; in consequence of this, the pain and other distressing symptoms cease; and the case, after cure, becomes a contraction of a new kind, in consequence of healing a considerable wound, recently made, in parts formerly altered by disease, and may fairly be compared to that kind of contraction, which follows the operation of lithotomy.

Petit in a case described in the memoirs of the Royal Academy of surgery, succeeded in the cure of a fistula in perinæo,

* Memoires de l'Academie Royale de Chirurgie, tom. i. pag. 619.

næo, where the opening in the urethra was within the Prostate Gland, which was probably enlarged. In his reflections on this cure, he observes that the operation would not have answered, if the patient had not first undergone a mercurial course, to destroy the Venereal Virus, which he says, existed in his patient's habit; nor would it have taken place afterwards, if he had trusted to an external division of parts, and not carried the incision of the urethra (as he expresses it) "au-dela du col de la Vessie," and he adds, "En effet l'expérience nous apprend que par l'operation on ne guerit point les fistules et sur-tout celles du perineè, si l'on se contente d'ouvrir l'exterieur; et qu'il faut, que l'orifice interne de la fistule soit compris dans l'incision." His incision went into the prostate, if not through it; but he did not venture on this part of the process till he had previously lessened by mercury, not only the induration felt by the rectum, in which induration, that of the prostate was included; but also those, of the perinæum. I have an

idea that the same line of practice with respect to mercury, may be extended to some other fistulæ in perinæo, even when complicated with an enlarged Prostate Gland; and that the simple division of the latter, afterwards, may tend to the saving of some lives, which by a less decisive treatment have been lost. In many common strictures (as has been shewn) the symptoms do not cease, till the bougie has made its way fairly into the bladder; and I agree with Petit, that when the breach or opening is in the neck of the bladder, if the incision does not comprehend this opening, the operation will be useless. Time will throw more light on these subjects, and may shew us, even in the case of an enlarged Prostate Gland from a gonorrhœa, that when a free passage into the bladder (on which I apprehend much depends) cannot be accomplished by other more gentle means, and the patient is daily getting into a very perilous state; relief, may at last be procured, by an incision through its neck. And thus at the same time, it is possible,

that the great object of diminishing the size of the gland, by the large suppuration which must necessarily follow, will be obtained; if matter has formed within its body, that matter will be evacuated, and the bladder itself relieved from the subsisting irritation.

Puncture of the Bladder.

If all other means of relief have been fruitless, and the bladder is greatly distended by inflammation, in what has been called by the French, a complete Retention, and by us a Suppression of urine, the bougie and catheter having been of no avail, and mortification likely to follow speedily; it has been recommended to empty the viscus, by making a small opening into it. And the operation has been done in three different places; namely, above the pubis, in that part of the bladder not covered by the peritonæum; through the rectum and bladder beyond the Prostate Gland; and in the perinæum. The two first are not dif-

ficult to perform, if the bladder be sufficiently distended to be felt above the pubis, or by the finger from the rectum;—and as they have been well explained by other writers, I need not enter into them, only mentioning that with respect to the first, an external incision of the integuments, till the surgeon can feel the distended bladder, will greatly facilitate the making the puncture in a proper manner.

The third operation is more difficult, whether performed by Mr. Hunter's method*, or by that mentioned by DeFault†. The precise part of the perinæum, where the latter directs the puncture to be made is thus described—“ Tandis qu'un aide comprime légèrement la région hypogastrique, le chirurgien ayant un doigt dans le rectum pour l'éloigner du lieu où se fait la ponction, port le troiscart dans le milieu d'une ligne, qui partant de la tuberosité de

* See Mr. Hunter's Observations on the Venereal Disease, page 190.

† See the Journal de Chirurgie, tom. iii. p. 166.

de l'ischion, se termineroit au raphè, deux lignes devant la marge de l'anús, &c."

I have seen very few cases in which it has been necessary to have recourse to any of these truly disagreeable alternatives to enable me to determine their respective merits. Default's method might perhaps be improved, by making first an external incision, till the bladder can be distinctly felt, and then performing the puncture.

But when disease has long subsisted in the neck of the bladder, and been the occasion of retention, and such diseased affection remains, it may be asked, what prospect is there of these operations being any thing more, than mere palliatives? If for instance, the puncture above the pubis has been made, and the distension removed, the bladder may very possibly fill again. The fact is, they can only relieve an accidental retention, arising from inflammation in persons whose urethræ are diseased. And if the obstruction is of that alarming na-

ture that no instrument can pass, from the great disease of the parts; and little or no passage remains for the urine, though the surgeon may puncture, and empty the bladder pro hâc vice, he may be under the necessity of repeating the operation, or the patient will still be in danger of his life. Therefore of all the means that can be recommended for emptying the bladder in such cases, that, it may be said, would probably be the best, which aims at two objects, namely, the lessening the original complaint (the disease in its neck) and at the same time removing the retention which is its consequence. In some instances, perhaps, the practicability of getting into the urethra beyond the stricture (as mentioned by Mr. Hunter, in his Observations on the Operation for the Fistula in Perinæo) may be worth consideration, even in the case of retention. But the actual division of the neck of the bladder cannot, I think, be as vindicable in other cases of obstruction in this particular part; for such operation would be not only very difficult

cult to perform, but extremely hazardous, and is what even the daring confidence of French surgery has not yet, I believe, ventured to propose. The parts being greatly altered, thickened and rendered callous by disease; the difficulty of getting into the bladder this way must be infinitely greater than any attempt to cut for the stone, as Friar Jaques was said to have done, without the direction of a staff. And under the above circumstances the surgeon can have no guide, but the rapha, and his own anatomical knowledge, for making such an incision as shall enable him to get through the stricture, and afterwards search for the small contracted passage, towards the neck of the bladder, in order to the introduction of a female, elastic catheter, or grooved director; if he can introduce either, he is so far fortunate, and may then, if he pleases, easily divide the neck of the bladder, with a cutting gorget, as in the lateral operation for the stone. But if he has no such direction, what can he do? He may, perhaps, be able to dilate the membranous
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portion of the urethra, and even part of the prostate, without wounding the rectum; but when he has gone so far, safely in this direction, there are only two ways, in which he can possibly proceed farther. He may, perhaps, by turning the back of the knife towards the rectum, be able to carry on the incision towards the bladder, laterally, as Mr. Cheselden constantly practised, in cutting for the stone, before the invention of the gorget now in use. Or, by a nice piece of dissection, first separating the prostate gland to a certain distance from its attachments to the rectum, and making afterwards the division from below upwards, keeping the gut away, and turning the back of the knife towards it, he may thus, perhaps, be able to set the stricture of the neck of the bladder free. These are only some of the difficulties of attempting to remedy the two objects at once. But there is this further obstacle. In the case alluded to, the neck of the bladder is in such a state from inflammation, that it can hardly be supposed to bear so much additional

ditional irritation.—In short, in whatever light this truly deplorable case of suppression be viewed, there are difficulties almost insuperable; and probably therefore the puncture above the pubis, or that through the rectum, may generally be the safer methods. The one will be effected in a distant part of the bladder, the other beyond its neck, and prostate gland. If the patient survives, it may be an object of future consideration, whether, when he does not labour under a complete retention of urine, he will submit to a very painful and uncertain operation, and thereby endeavour to obtain more permanent relief for his disease. Such no doubt would be made into parts highly diseased, but without laceration, and without those difficulties which must in a greater or less degree attend the extraction of a stone; and if ever attempted must be a mere experiment, on which time alone can decide, both as to its practicability and utility. Being contented myself with pointing out what I conceive to be real difficulties, I leave this

as I have before left some other important questions, respecting certain points of practice, in the late consequences of gonorrhœa, to the future observation and investigation of others.

Having come to the last and most truly disagreeable termination of some gonorrhœæ, and shewn how the disease may, step by step go on, till it endangers life itself, I must earnestly desire the reader would revert to all that has been previously said, as to the indispensable necessity of preventing and removing speedily inflammation, and all its more early consequences; also to the observations made on the action of mercury in this disease; when the state of inflammation and habit was not inimical to such action;—and the uses to which certain injections of the least stimulating, or sedative kind, under particular favourable circumstances of disease, might be applied. And view the three methods, namely, that calculated for inflammatory diathesis, that frequently employed in contrary circumstances, and that

that generally attempted by injections, separately as parts; and when united, as forming a system of practice, capable of being directed, according to the judgment of the practitioner, to this, or that particular case of disease. When he has so done, he will, I hope, clearly perceive, that nothing but inattention to the principles of each of the three methods, can ever bring a gonorrhœal patient, under the truly distressing situations of having either metastasis, affection of the prostate gland, abscess, fistula in perinæo, or suppression of urine; and if the disease be counteracted in time, by the several means of cure which have been fully pointed out, such consequences would rarely, if ever follow. To these therefore, as my last request, I do sincerely recommend him to direct his attention. If it should be urged against me, that in what has been said, I mean to discourage the practice of using injections, I beg leave to say, I have never entertained such an idea. I could not, with my eyes open, avoid seeing in the course of my life,

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Some of the mistakes which have been made in their application. I wish to moderate a too great and indiscriminate confidence in these means of cure, particularly when trusted to alone, and have, by making the student previously acquainted with the remedies, by which the disease may be cured without any injection, in two very opposite states, enabled him to judge, with accuracy, what he may with safety chuse, as assistants to their several properties; and what he must, to be successful, avoid. It is certain that *Gonorrhœa Virulenta* may be cured without them. But it is no less true, that they may very properly come in as useful auxiliaries to a general treatment, or when a greater reliance is placed in them, their specific effects may no doubt be made less dangerous, and the sphere of curative action increased, by combining them with some parts of such treatment. And these parts have been so fully explained and described elsewhere, that it is wholly unnecessary to say more on the subject.

A P P E N D I X.

A P P E N D I X.

IN the month of December 1689, this country lost, as far as a medical character can be called a loss, one of its greatest and most distinguished ornaments. After a life well spent in the daily exercise of a laborious profession, and after the strongest exertions of human ingenuity, in arranging, and with fidelity transmitting to posterity, the truths his wonderful sagacity had discovered, and the facts he had treasured up, died Thomas Sydenham. A man, who if due regard is given to the very weak glimmerings of true science for the direction of his first efforts, will probably be ever considered as one of the greatest instances of genius, united to an ardent desire of serving mankind, that ever existed; for it is difficult to say, which predominated in his medical character, his benevolence or his skill. The principles

he has taught are so clearly taken from nature and practice, that even after the lapse of a century, he is deservedly looked up to, as a classic among the moderns. And in defiance of those systems and revolutions in medicine, which have since, from time to time, occurred, his observations still continue to be read, not only with pleasure, but much profit; and in this enlightened age are regarded as standard. Much has been said against his theory as well as some parts of his practice; and there are certainly points in both, not now defensible; but let it at the same time be remembered that he wrote at a period, by no means so generally informed as the present, and in a style and manner too plain and homely to suit the fashion of these days. And yet under even all these disadvantages, it must be allowed, that his was the rich mine, whence subsequent labourers have drawn the most valuable ore, of which the veins still inexhausted.

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The good effects of antimony in fever, when given so as to excite vomiting, although he had no safer preparation than an infusion of crocus metallorum to work with, were nearly as well known to him as is now the operation of the pulvis antimonalis to us; and may have furnished the late doctor James with the first hint for using his powder. In fever after the evacuating effects of his antimonial, in cholera, after a sufficient dilution and discharge of bile, and in many other cases of high irritation, Sydenham was a perfect master of the use of opium. To the effects of bark he was no stranger. And although he knew nothing of inoculation in the small pox; his own experience taught him the propriety of cooling medicines, fresh air and the antiphlogistic regimen: to obviate the irritation in the suppurating stage of this disease, he was familiar in the great advantages of the anodyne.

It is foreign to my present purpose to dwell long on the talents of this great man.

I see the deplorable state physick was in at the beginning of his career. I see the veneration so justly shewn to his works, throughout every civilized country since; and it requires no great penetration to foresee the influence these writings must bear, from their intrinsic merit, to the latest posterity.

From paying the due tribute of praise to the father of English physick, who rested from his useful labours at the close of one century, it is my misfortune to deplore at the latter end of this, the loss we have all recently sustained by the death of the greatest improver this, or any other nation ever had, in the science of surgery. I scarcely need add, the name of *Percival Pott*. A man in no respect inferior in his own line to the preceding excellent character, alike in native and acquired powers, alike also in that noble spirit of emulation natural to great minds, which first prompts to action, and then leaves the fruit of its own activity, to benefit after ages.

In the character of Mr. Pott, who had such full employment, there was scarcely a single hour of his life, that did not lead to something generally, and more than commonly useful, nor a page in all his numerous writings that has not the same tendency.

To form some idea of his uncommon exertions it must not be forgotten that when he was a student, the mode of a chirurgical education was extremely defective. Anatomy in this country was *then* only dawning. Haller, had not at that time, enriched science with his charming physiology. And, if we except Wiseman and the improvements made by Cheselden, which were afterwards extended by the late Mr. Samuel Sharpe, there was not an English writer on surgery fit to be read. The best authors were all French.

When Mr. Pott's education commenced, and for years afterwards, were to be had of those helps very few, (and I have heard him lament it most feelingly) which may

now be obtained at every hospital, nay almost in every corner of this town. Dr. Smellie, I believe, was the only lecturer in midwifery, and Dr. Nicholls the principal in anatomy. No lectures were then given in London on the *Materia Medica*, Chymistry, or on the practice of Physick; and whoever had not attended some medical university was forced to content himself with such information on these heads as he could acquire by the assistance of reading and private practice.

During his youth, the best practice in surgery was to be seen in the hospitals of St. Thomas and Mr. Guy. That hospital, in which he so long served, with such credit to himself, and advantage to others, was then neither so large, nor so well attended as of late years. Indeed its celebrity as a school was in a great measure owing to his own abilities.

His professional education was merely surgical, with rough anatomy for its basis. By the latter term, I mean, that useful part of the science, which is only to be
 acquired

acquired by frequent and repeated dissections; that part, which, without taking in the minutæ, teaches by imperceptible, but sure steps, a confidence in the management of the knife; and whilst it arrests and engages the attention, as a matter of philosophic curiosity, leads to the more important circumstances of operating well; and appearing with ability in the theatre of an hospital.

In these at that time, consisted almost the whole of a London surgeon's education. For the art had not as yet been enlightened by a just pathology, and a general knowledge of medical principles. To this education, imperfect as it was, he owed that dexterity, which was sufficiently manifest through every subsequent epocha of his life. Whatever defects he may have discovered early in his education having been merely surgical; he soon supplied them, by the force of his own genius. He paid assiduous and constant attention, not only to the improvement of the pathological and therapeutic parts in his own line, but to that

assistance, which these are capable of deriving from, and, in their turn, by a reciprocal action, giving back to the practical part of physick ; and the advances he made in such respects may fairly be considered as a creation of his own. In no writer can we find more just, or more faithful descriptions of chirurgical cases, morbid appearances, or symptoms, nor in any more clear, more apposite, or more certain remedies. In what work of surgery is there to be found a greater profusion of facts, capable of enriching the general stock of medicine ?

The two professions of physick and surgery in London are generally distinct ; to this distinction he conformed with most scrupulous attention in practice. But as he was far from believing that surgery could stand supported only by the pillars of anatomy and manual dexterity, no man read with more avidity every new book of the medical kind. He laboured incessantly even to a late period for his own improvement in the knowledge of the practical part of physick,

phyſick by ſtudy ; and this he did, from a conviction ſuch knowledge would enable him not only to direct with greater propriety and effect in his own line, but by the collision of the two, new lights might be ſtruck out tending to the advantage of both. He was highly informed, in every branch of anatomy, phyſiology, and phyſic, which had either an immediate, or remote connection with ſurgery, and was ſo thoroughly maſter of the proper application and effects of medicine, that he could employ it, with uncommon readineſs and ſucceſs to the various chyrurgical caſes that daily came before him. And his phyſick was as good as his ſurgery, neither frivolous, nor tinctured with quackery, but ſuch, as our countryman Sydenham, might with ſafety have recommended, without a bluſh, and without any impeachment of his acknowledged abilities.

I muſt rank Mr. Pott amongſt the benefactors of phyſick, and the truth of that title may be proved from ſeveral paſſages in his writings. To what do his very excellent

cellent observations on the nature and treatment of what he calls a slough of the common membrane, as stated in his *Treatise on the Fistula in Ano*, tend? To what his observations on the mortification of the toes and feet? To what, not to mention many others, the caustic in the palsy of the lower extremities from a diseased spine? but to enlarge our stock of medical as well as surgical knowledge. To the practical abilities of the surgeon in him were united to a certain, and that by no means an inconsiderable degree, the no less valuable acquirements of the physician, and it was purely owing to his great multiplicity of engagements in surgery almost from his first entrance into it, and his so strictly keeping, from a principle of honour, to that branch only, that this part of his character was not much more apparent.

His demeanour towards his patients was polite, open and manly; actively humane, but without servility. He was an enemy to all cant and hypocrisy, and although he felt as much as any man, he could never
 condescend

condescend to whine over a patient ; as these were arts he never practised himself and disliked in others, so when they had been played off before him, he would sometimes comment on them with all the ridicule of contempt.

It must not hence be inferred that he wanted an high degree of feeling, for it is a known fact this was so great, when he first cut for the stone, that a jaundice was the consequence ; and many were the uneasy nights he passed prior to the performance of every operation of difficulty or danger. “ If ever (he has said) you attain a certain degree of rank in your profession, what you will undergo in the rugged path of your duty will cause you much heart-felt uneasiness.” And the anxiety he felt whenever these trying occasions presented themselves is best known to those, who shared his confidence and were honoured with his friendship.

Too good a surgeon to be a rash operator, he was very careful and nice in distinguishing the circumstances requiring the
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aid of the lancet ; and when an operation became absolutely necessary, he was as attentive to the due execution of it. He was as dexterous with the left hand as the right, and could couch extremely well with both. His discernment, upon the appearance of unsuspected circumstances, was keen and quick ; his hand was perfectly steady and equally good as his eye, with a judgment sound, and unruffled amidst the greatest dangers. Indeed he excelled in this part of surgery as in every other ; and could go immediately with the same facility, from the more coarse and laborious to the most minute and delicate operations ; and he performed them with an adroitness and dispatch, which though uncommon, seemed perfectly natural to him : but his opinion was, that the hand should never outstrip the sight and judgment ; and that every operation was soon enough done, that was well done. I remember his cutting for the stone publickly with singular dexterity and success before the late Le Cat of Rouen ; who was himself one of the first
Lythotomists

Lythotomists in Europe. With his stop watch he noted the beginning and termination of the business, and expressed much pleasure at the manner and expedition with which it was performed. But Mr. Pott, when he afterwards knew the circumstance, could not help animadverting on his folly of using a stop watch on such an occasion.

His opinion was that a surgeon should not only be manually dexterous at an operation, but know the most probable means of preventing it; that he should endeavour, if possible, to render them not only less painful, and hazardous, but less frequent; and on the knowledge of the proper means of obviating them, he has said, much of the surgeon's reputation and success in life would depend.—
In surgery as well as physick, the practical parts of both lines stand alone. Objects in their own nature and magnitude of sufficient consequence to engage the most capacious and active mind. He had cultivated anatomy and physiology with
sufficient

sufficient ardour, but he paid very little attention either to botany or chymistry. These, were left for more substantial practice ; and the admirers of the preliminary sciences to medicine (and I must consider surgery as no inconsiderable part of it) will, I hope, excuse me in saying, that the branches are, now, too big for the body of the tree, which tree is suffering in its vital parts. We have a botanical arrangement exceeding, with respect to the descriptive parts, all moderate bounds, without an adequate or corresponding knowledge of the medical properties of the subjects classed. A chymistry, which, however generally useful, curious as an art, and greatly improved, has thrown very little new light on the cure of diseases ; and is at length become so very extensive, that to comprehend it thoroughly would be the business of a life. An anatomy, which seems tending to speculation and unimportant disquisition, perplexing the mind and diverting the attention from the most obvious and highly useful parts of the science

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ence; and it may be remembered, that these parts were the fulcra, which once gave steadiness and success to the hands of a Cheselden, a Sharpe, and a Pott. A physiology, which delights more in the minute parts of the creation, than like the great Haller, in delineating the œconomy of man—a surgery, which, without the utmost care, will soon degenerate to a state in which anatomical dexterity alone, though only one of the requisites in forming the character, will take the lead, throwing down all those useful fences, which the wisdom of those, who from a more attentive consideration of the efforts of nature and resources of art in surgical diseases, had raised, against a too free and licentious use of the knife. And in place of that general knowledge, which practice, and practice only can give, and which can alone teach us how to obviate the severities, and moderate the terrors of this unpleasant and painful branch of surgery, some of our young men are, I fear, verging to a single point, and becoming

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mere operators. Thus the most useful part of the science may probably suffer by the change.—I say most useful, for the practical man knows, that the opportunities of performing an operation are comparatively very few, when opposed to those numerous cases, in which the safety of individuals will depend much more on the Surgeon's having a critical knowledge of the natural rise, progress, and termination of such diseases as may come under his inspection ; and on the practicability of curing them by medicine or the adoption of surgical ideas on medical principles, than on his powers of operating. If it be allowable to say that English surgery has a decided advantage over the same profession as practised in France and some other countries, it is not because we are better anatomists, than the surgeons of those countries ; it is not because we are better operators ; but because our knowledge of diseases and remedies is more correct and extensive. We view the science through the medium of physic ; they, through the medium of anatomy only:

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Far be it however from me to say, that the operative does not make a very important part, or that a general knowledge of anatomy is not absolutely necessary, both to enable the artist to operate well, and make him acquainted with many diseases and accidents that may come under his inspection. But this knowledge, like the science, to which it is more particularly applicable, should be sound and practical, acquired principally in the dissecting room, neither trifling, speculative, nor too minute.

Mr. Pott's powers, as an operator, though confessedly great, were subordinate parts in his own estimation, for he always looked forwards in surgery to something more than anatomy or the eclat of operating. He knew perfectly well the limits and scope of the science, and could on every occasion separate the chaff from the grain. His pursuits were by no means leading, either to the minutiae, or nugæ naturæ, but immediately, or remotely, to the preservation of health and life, in a

great public hospital, in a very large share of private business, and in the no less arduous and difficult situations of lecturer, consultant, and author—an author, who wrote from what he had seen—not from the sportive lucubrations of twenty years of study, but from the well acquired labours of more than half a century, employed principally in the contemplation of practical surgery.

From what has been said it will appear, that life is too short to follow up and embrace, what may be called useful studies; and that it is not consistent with our nature, to grasp at universal knowledge; that too much time should not be spent, nor stress laid, on the preliminary parts of medicine or surgery; that the less useful should give way to what is absolutely and indispensably necessary, not only in a professional, but in a moral and religious light. And that the practical bedside knowledge, in every branch of physick, is not only that, by which we must live, but that by which we can most effectually
 serve

serve mankind ; compared with which, lesser acquirements, though they may have their proper weight in the general scale, should not be suffered to preponderate.

Mr. Pott, like Sydenham, was an enemy to all theory and hypothesis, guiding his footsteps with the same caution, namely, by the genuine appearance of diseases and the effects of remedies ; and although sufficiently skilled in anatomy and physiology, he never from an over refinement, gave them place, where the sacred authority of experience only, should be allowed to preside. The same sound judgment, blended with uncommon sagacity, which is every where conspicuous, in the works of the one, may as clearly be traced in the writings and practice of the other ; and they seem to have gained information, though in different lines, by following nearly the same practical road. With equal justice and propriety as Sydenham blamed the mode of some practitioners in his time, might Mr. Pott have objected to some of the prevailing surgical notions of the day.

In him may be observed the same inflexible adherence to practical truths, whether these truths respect the natural appearances of diseases, accidents, or the application of the necessary means of cure. And he was fully aware of the great necessity of supporting practice, by a sufficient number of well authenticated facts, drawn from cases actually seen and attended.

A mind so closely occupied as his was, with the great object of practice, had but little labour in writing, what had been previously well digested. He was so perfectly master of his ideas and of language, that whatever was once committed to paper, seldom required an alteration: and with regard to some of his productions latterly, I can say they were so correct, that a single reading was all they wanted before they went to the press. He composed with as much ease as he wrote a common letter; and this will, in some measure, account for a circumstance that has surpris'd many medical persons, name-

ly, how a man so deeply engaged in business could have written so much, so well. In the first place he wrote every treatise separately, at different periods of a long life. In the next, contemplation in him led immediately to action. What he had once clearly perceived was, in a public hospital, soon brought to the test of experiment, and when it had passed the trial, was speedily promulgated: for he had no professional secrets. When from the superiority of his knowledge, he had made up his mind on any subject, as to its general utility, he was uneasy till he had made other men as wise as himself; and the great work of his life was an endeavour, both by example and precept, to communicate *all* he knew.

As a consultant surgeon, he was an illustrious example to all other men, in that respectable line; and here, the fairness of his conduct, and his superior powers, were eminently conspicuous. He had a just sense of the dignity and importance annexed to the character, and although he

was sometimes ill treated for a very honest opinion, given for a meer trifle, where his reputation too frequently depended on the caprice or sagacity of others, he never complained. How much soever he may have suffered, from the difficulty and danger of the situation of being allowed frequently to give a single decision only, on cases of the greatest delicacy and importance—he patiently submitted to a routine he could not alter. But whatever his sufferings may have been in this respect, the discerning part of mankind and the profession did him ample justice: for, I believe, there never was a surgeon in this or any other country, whose opinion was so frequently solicited, or more generally followed.—By a steady habitual attention to the important, general, but without neglecting, or disregarding the most minute circumstances of practice; and by the largest and most comprehensive views, his judgment was so fully matured, that for many years preceding his death, it directed him, almost intuitively, to the object

ject of his pursuit; and enabled him to unravel instantly, the most difficult and complicated case—a pitch of mental perfection, to which heavier mortals may aspire in vain. In the daily exercise of this judgment, he was clear and collected; and often decided, without the smallest appearance of hesitation or doubt. His enemies (and no man is without enemies) have said he was sometimes too hasty. *Non possumus omnia.* In the multiplicity of business with which his mind was daily and hourly occupied, as a surgeon of an hospital of no inconsiderable size, as a teacher, consultant, and writer, it is not to be wondered at, if he had not always patience to hear a tedious unimportant detail, when from his superior knowledge he had previously formed his opinion from the sight and touch. And however novel the idea may appear to persons not conversant in surgery, this was his, and it is probably the best mode of judging without bias, and must very often have superseded the history, rendering it unnecessary.

Correct himself from inspection as to the great outline, he could look back to what had past, and foresee future consequences: and this will more particularly apply to that part of his business which depended on consultations. Quick and ready in discriminating, he certainly was, to an astonishing degree. But this happy faculty, how much soever it may have been mistaken in him, was only the natural consequence of a mind, fraught with general information, and the ultimate effect of consummate abilities, ever usefully applied. A faculty, that should rather excite our praise than our censure! For it is the distinguishing mark of a character above the common level; the greatest men in every age have possessed it, and it was, I have no doubt, as conspicuous in Sydenham or Ratcliffe, as in Mr. Pott—A man endued by nature with extraordinary powers, long accustomed to business, daily viewing the same appearances, and contemplating for many years together similar occurrences, will readily understand apparently without labour, what he has been so long in the habit of investi-

investigating; and he will not only perceive quickly, but will discriminate with accuracy, and judge with a firmness and precision, of which an ordinary man can have no idea. This shewed the vast extent of his chyrurgical knowledge, how fully he had settled in his mind the leading points of practice, and how carefully and well he had traced every part of the great, scientific circle.

He was as clear, decisive, and as thoroughly informed on the subject of Lues Venerea and Gonorrhœa; and the various methods of treating them, as on every other part of surgery—Appeals in the last resort on these subjects were constantly made to him from every quarter, and even from foreign countries.

I lament exceedingly that his other avocations did not allow sufficient leisure to publish any thoughts on Lues Venerea, diseases of the bladder, and what he called *Inquirenda* on the Gonorrhœa.

Upon the first subject, I believe, he never intended to write; with regard to the
second,

second, long before his death, he told me, he had destroyed as many papers as filled a large box; and as to the third, which he mentioned at least fifteen years ago, I could never learn, why he relinquished, what from his conversation at the time he certainly meditated—but which I believe unfortunately died with him.

In the treatment of *Gonorrhœa Virulenta* Mr. Pott very frequently employed injections of various kinds; he was fully aware of the propriety of an antiphlogistic plan in this disease, he generally gave an internal mercurial, as an alterative in small doses, but whenever the prostate was affected he used mercury with greater freedom.

As one, among many instances of this gentleman's extraordinary discernment and sagacity in *Lues Venerea*, I must mention the case of a military officer, which many years ago I had noted amongst other memoranda.

This patient was emaciated to the last degree with pain and disease; his complaint

plaint appeared at first sight to be an enlargement of one of the thigh bones, which was spread out to a very considerable size. By the opinion of several eminent physicians and surgeons, amputation of the limb had been strongly recommended, as the most probable means of saving life. Upon the presumption that the complaint was rheumatic, he had been sent to Bath; to the sea, &c. but returned to town without finding any relief, his complaint having increased considerably. Mr. Pott said, on his first visit, that he did not like to pronounce positively on a disease from one symptom only, but he was much inclined to believe it was venereal, and asked the patient about other symptoms or appearances.—“Yes,” said he, “my head is sore.” Upon examination, the cranium was found carious in two or three different places. Mr. Pott then declared, that the disease was venereal. The patient enquired, whether he could serve him. He answered, he was very much afraid he could not—but advised to send for his friends,
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in order that the circumstances might be fairly stated, that no blame might attach on the attempt to cure if it did not succeed. The statement was made, and the trial of mercury determined upon.

He began with Ung. Hydrar. fort. $\frac{3}{4}$ ss omni nocte, decoct. sarsaparill, to which was added a handful of hartshorn shavings, in dies—he took also a slight preparation of bark, and calomelas, gr. ij. every night. After having pursued this method for a fortnight, Mr. Pott found the pain diminished—the strength increased—pulse stronger, and the tumor lessened—and then could with confidence promise success.

He went on without any remarkable occurrence till his mouth became thoroughly sore, (an effect of mercury which Mr. Pott constantly endeavoured to produce) and in two months was perfectly well. The great weakness, and the very reduced state of this patient, induced him to begin in a much more cautious manner than usual. Generally his method was to begin with a larger quantity of mercury, to
which

which he commonly joined the internal mercurial, as above, and he went on without intermission till a fair salivation arose, or as in the Idiosyncrasy, not disposed to salivate, till the disease was cured without it. His ideas were taken from the most enlarged views of practice, that practice I know was generally successful, he surmounted by a broad great line of conduct, the defects of every less powerful, subordinate, method; and the first and most valuable piece of advice he ever gave me when a young man, in the treatment of all obstinate venereal affections, was to make the mouth, if I could, thoroughly sore. He always wished to see the cheeks swollen and puffy; and from the number of relapses that came to him from other practitioners, even of great name, which he cured, I am convinced he could not have been so very successful as he undoubtedly was, in any other way.

As Mr. Pott generally began with a considerable dose, namely, Ung. Hydrar. fort. ʒj.—Calomelas, gr. ij. in dies—he

was

was sometimes, when by no means intending such an effect, surpris'd by an early and premature salivation; in which case, if it was not very violent, he seldom desisted from mercury, but went on, depending on the height of the affection, and the effect of such quantity of the medicine as he could, without stopping, introduce afterwards, for a cure. And whoever considers that formerly, when sudden unqualified salivation was the mode of treatment, as may be seen in Sydenham, Boerhaave, and other writers, the dependance was placed, not on a large quantity of mercury, nor on its gradual accumulation; but principally on the affection of the mouth from a small quantity: and this was probably the reason, that the former of these writers laid down the rule—*“ Quod lues venerea solâ salivatione curatur.”* (See the note to page 26 and 212, vol. 2).—The truth perhaps is, although a quick and rapid effect from mercury in habits I have called scorbutic, does almost constantly fail to cure, (see page 49, 50, 51, with

51, with the note, vol. II.) yet effects nearly similar, in *other* habits, not so much debilitated and broken down, have certainly, and that frequently cured the disease: and if that had not been the case, the old method of salivating could never have succeeded so often as it did. The event with respect to Mr. Pott's practice was precisely this: whenever the patient was of that happy kind of habit, not to salivate too readily, yet with a natural propensity to have his mouth affected; (and that disposition in the mass of mankind is perhaps most frequently met with) there his method answered wonderfully well; and some of the worst symptoms of the disease, I here repeat, have been cured perfectly both by him and myself within so short a period as three weeks, or little more. (See page 62—196, 247—248—249, vol. II.) When I speak of this method, I do not mean to say it was peculiar to Mr. Pott alone. Some years back it was, with little variation, almost universally followed, by surgeons who were most conversant in vene-
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nereal business, not only in public, but in private practice; and why it has fallen so much into discredit of late years, I know not. It certainly possesses many advantages, well deserving the reconsideration of the faculty at large.

A Gentleman had a considerable ulceration, and so great an enlargement of the tongue, that it had increased to double its natural size. The ulceration had continued for seven years, sometimes better, and sometimes worse. Some years before he applied to Mr. Pott, he had been under a mercurial course, after the Montpelier method. He rubbed in, but his mouth was not suffered to become sore; for when affected only in a slight degree, he was ordered to desist, and go into a warm bath, and his bowels were kept open, &c. This course nearly healed the sore, but not quite; the enlargement of the tongue also subsided; but the truce did not last long, and in little more than a year the disease spread again to a greater degree than ever. He now, by Mr. Pott's direction
and

used mercurial frictions, and also the internal mercurial, in his usual manner. The specific produced ulceration, copious flux of saliva, &c. On the 20th day, the ulceration was fairly healed, and the enlargement gone. He underwent the course in summer, and on the 24th returned into the country perfectly well, his mouth being then very tender, and overflowing with the salivary secretion. There was no after treatment whatever. I had the satisfaction of seeing this gentleman perfectly well, as to the former complaint, three years after this course, but recently affected with chancre, which yielded without difficulty to common treatment.

Since that time, I cured another person in the same way, and in as short a space of time, of a large spreading ulceration, running from the left cheek to the nearest angle of the mouth, which was the only symptom, and which Mr. Pott agreed with me was venereal, although it had been said to be cancerous; also a venereal sarcocele, combined with venereal eruptions,

tions ; a gummatous thickening of the tri-
ceps muscle, with farcocele, &c. &c.

According to the best observations I have been able to make, when the patient has been of a habit with little or no tendency to salivate, there the quick and free introduction of the medicine, within the time above specified, has even, in the worst cases, appeared more likely to succeed in curing, than a more gradual and cautious mode of procedure for six weeks or two months. When, however, after the employment of full doses of mercury for a fortnight or three weeks, no considerable affection of the mouth follows, nor appearance of cure takes place, there, we must pursue one of two methods—we must either continue the treatment for five, six, seven, or eight weeks, even under confinement, suffering such treatment to assume the alterative form or type, or push the effects of the specific to the utmost, between the end of the second and termination of the third week, so as to produce some of the decisive effects of mercury,

within the space of four, five, and twenty days, or a month ; and when the external use of mercury becomes inert, the object may be attained, by giving full doses of mercury internally.—I have been informed, by a surgeon of reputation, who formerly practised in India, where it is impossible to confine a person, or avoid opening the windows and doors, that the cure of venereal symptoms seldom took place, till the seventh or eighth week, and then they went at once, with very little affection of the mouth, the effects of mercury going off principally by increased perspiration and a kindly diarrhœa. I must however remark, that the mercurial employed was constantly calomelas. And when any difference from the above progress followed, it was always occasioned by irregularity, which in all countries will produce anomalous symptoms : and the same kind of tendency in certain constitutions to assume what may be called the alterative type, holds good in this country, even under confinement. But when a quicker

and less tedious effect can be produced, within three or four weeks, I should, in many cases, prefer it, and that for the following reasons: when a person has used an alterative plan of cure, (for such it too frequently is,) although followed under confinement for seven, eight, or more weeks, the effects on the mouth and system do sometimes become stationary, though the quantity of mercury daily used may be large. In which case there are circumstances in the constitution operating against the proper action of the specific, which greatly lessen, and may indeed destroy for the time, its anti-venereal power. These are the production of a slow and gradual weakness, and the generation of what may be called a scorbutic diathesis, by the constant confinement of the patient, whilst his system is daily irritated by the medicine. When a person under cure is in this state, and the symptom does not give way, there seems to be only one of two courses to take, either to push the medicine to the utmost, under his present weak state,

state, or desist entirely for a time from mercury, mend the habit, and when the health is sufficiently restored, attempt to produce again the anti-venereal effects of the medicine within the month ; and then the cure will probably follow—the disease too much habituated to the old, giving way to a new, very different, and more violent action.

The weakness I must repeat inseparable from an alterative kind of course under confinement, is much more permanent than that occasioned by a quicker introduction and operation of the medicine within three weeks or a month. In the latter, the surgeon may speedily obtain all that mercury is capable of doing in lues venerea, with a strong tendency afterwards to a rapid convalescence. But in the former, the circumstances, tending to a cure and convalescence, are very different ; and it must be noted that, sometimes, the cure does not take place, unless the medicine produces its decisive effects at the end of the course ; even although that course may have continued two months, or longer. And I remain

remain of my former opinion, that whenever the constitution favours the quick introduction of mercury, so as to effect a cure within a month, that plan may often be adopted. It may for the cure of an obstinate symptom be sometimes more painful to bear, but it occasions much less injury to the constitution; and is, I believe, in ozæna—in spreading ulcerations, and in some other cases, which were formerly pointed out, much more efficacious than any other. We frequently want in mercury a strong and violent action to alter the course, and check the progress of a diseased appearance; and although this medicine, when used as an alterative, may to a certain degree do this, as in the patient with the ulcerated tongue, yet the recurrence of the symptoms and cure of the disease, generally require more powerful effects. Many years back I was sent for in haste to a gentleman under Mr. Pott's care, who was said by the servant to be dying. He was under a mercurial course for venereal ulcerations of the tonsils—frictions had been used largely, and repeatedly,

peatedly, to which had been joined internal mercurials—calomelas and crude mercury, mercur. alkaliz.&c. and after this very forcible action of the medicine for near a month, the ulcerations shewed no disposition to heal, but were stationary; the patient was much reduced, both as to his strength and flesh, and he was become extremely irritable: but with very little affection of the mouth. Under these circumstances, he was directed to use a cinnabar fumigation to the throat. In the evening of the day on which he employed this topic, he was taken extremely ill, with sickness and tendency to vomiting, great depression of spirits, and what Nicholas Massa has called, *lassitudines semisyncopales*. He was put immediately into a warm bed, and took philoneum. On the next day I found his mouth more sore—his tongue superficially sloughy at the sides—But the venereal ulcerations were healing; and in two or three days he was cured both of the disease, and effects of the remedy.

F I N I S.

E R R A T A.

Page 3, line 14, read *i* for *y*—p. 25: l. 4, *presumed* for *premised*—p. 37. l. 12. for *that*, read *those of that*—p. 51, for *desireable*, read *desirable*—p. 69. *a* for *o* in *ptyalism*—p. 89. for *epedidymis*, read *epididymis*—p. 91. for *perinæo*, read *ad perinæum*—p. 105. l. 16, add *s* to *effect*—p. 107. before *complicated* add *is*—p. 150, add *d* to *an*—p. 155, read *was* for *were*—p. 171. read *structure* for *stricture*—p. 176, after *stricture*, l. 11. a, for ; after *bladder*—p. 188, read *were* for *was* after *habit*—p. 194, last line, add *i*—p. 205. ; instead of . after *alone*.



